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Marsy's Law invoked - CVI present

ARREST / NOTICE TO APPEAR

O On-View 3 Request for Warrant  
S Summons T Taken into Custody  JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0500800</b>	Agency Name <b>West Palm Beach Police Department</b>	Agency Report Number (S.T.A.'s only) <b>9-1-2024-0007363</b>
	Charge Type Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator
	Location of Arrest (Including Name of Business) <b>2461 METROCENTRE BLVD E, WPTB, FL 33407</b>		Location of Offense (Business Name, Address) <b>2461 METROCENTRE BLVD E, WEST PALM BEACH, FL 33407</b>	
	Date of Arrest <b>04/28/2024</b>	Time of Arrest <b>17:19</b>	Booking Date <b>04/28/2024</b>	Booking Time <b>17:29</b>

D E F E N D A N T	Name (Last, First, Middle) <b>RAMINI, ARLENE MICHELLE</b>		Alias (Name, DOB, Soc Sec #, Etc.)		
	Race W - White B - Black A - Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/24/1965</b>	Height <b>5'05</b>	Weight <b>130</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>M</b>	Religion <b>UNK</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
	Local Address (Street, Apt. Number) <b>531 COMPTON CT, DELAND, FL 32724</b>		Home Phone <b>(207) 299-2699</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>	
	Permanent Address (Street, Apt. Number) <b>531 COMPTON CT, DELAND, FL 32724</b>		Mobile Phone	Address Source <b>VERBAL</b>	

DL Number, State <b>R550013656440 / FL</b>	Soc. Sec. Number	INS Number	Place of Birth <b>NY FREEPORT</b>	Citizenship <b>US</b>
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Other	Name (Last, First, Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)	Business Phone

Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TUT/JAC 3. Incarcerated
Released To: (Name)	Relationship	Date	Time

The above address was provided by  defendant and or  defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

Yes, by  No

School Attended	Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property
	Value of Property

Drug Activity N N A P. Possess	S Sell B Buy T. Traffic	R Smuggle D. Deliver E. Use	K Disperses Distribute	M Manufacture Produce Cultivate	Z Other	Drug Type N N A A. Amphetamine	B Barbiturate C Cocaine E. Heroin	H Hallucinogen M Marijuana O. Opium Deriv	P Paraphernalia Equipment S Synthetic	C Unknown Z Other
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Charge Description <b>BATTERY - DOMESTIC</b>	Statute Violation Number <b>784.03(1A1)</b>	Violation of ORD #
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>1</b>
Offense #	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Warrant	Capias Number	Bond <b>NONE</b>

Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Warrant	Capias Number	Bond

Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Warrant	Capias Number	Bond

Health - Apparent Physical Condition of Defendant	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health

Transported By <b>WPBPD</b>	Date Transported <b>04/28/2024</b>	Time Transported <b>17:21</b>	Other
PROPERTY - Received By	Released By	Released To	

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent Custodian) \_\_\_\_\_ Date Signed \_\_\_\_\_

I CONSENT TO RECEIVE REMINDERS OF COURT DATES AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.


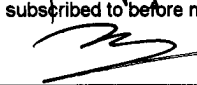
(207) 299-2699 INITIAL

HOLD (Other Agency) <b>NONE</b>	Signature of Arresting Officer <b>P.H.</b>	Name Verification (Printed by Arrestee) <b>SCANNED</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Revoked Arrest <input type="checkbox"/> Other	(PRINT) <b>APR 29 2024</b>
Intake Deputy <b>IS SHACK 3680</b>	Pouch #	Page <b>1 OF 1</b>
Transporting Officer <b>P. HERRERA</b>	ID.# <b>2251</b>	Agency <b>WPROD</b>

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>04/28/2024 17:21</b>	Agency ORI Number <b>FL FL0500800</b>		Agency Name <b>WEST PALM BEACH POLICE</b>	Agency Report Number <b>9   4   2024-0007363</b>	
	Name (Last, First, Middle) <b>RAMINI, ARLENE MICHELLE</b>			Alias	Race <b>W</b>	Sex <b>F</b>
D E S C R I B E	Charge Description <b>784.03(1A1)   DOM BATTERY - DOMESTIC</b>					
	Victim's Name (Last, First, Middle) <b>HENRY, JAMES DAVID</b>			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/19/1964</b>
O F F I C E R	Local Address (Street, Apt. Number, (City), (State), (Zip))			Phone		Address Source <b>VERBAL</b>
	Relationship Between Victim & Suspect			Occupation		
V I C T I M	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>SHAKEN</b>			
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral					
A D D I T I O N A L	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input type="checkbox"/> NO					
	Victim: <input type="checkbox"/> YES <input type="checkbox"/> NO					
	911 CALL: <input type="checkbox"/> CALLER: <input type="checkbox"/>					
	WEAPON USED: <input type="checkbox"/> TYPE: <input type="checkbox"/>					
	WITNESSES: <input type="checkbox"/> (If YES, attach witness list)					
	INJURIES: <input type="checkbox"/>					
	MEDICAL TREATMENT: <input type="checkbox"/>					
	AT: Scene: <input type="checkbox"/> PARAMEDICS: <input type="checkbox"/>					
	Hospital: <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/>					
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> NAMES/AGES: <input type="checkbox"/>					
I N F O R M A T I O N	H. R. S. NOTIFIED: <input type="checkbox"/>					
	VICTIM PREGNANT: <input type="checkbox"/>					
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> CASE #: <input type="checkbox"/>					
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/>					
	ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/>					
	On Sunday April 28, 2024, at approximately 1655 hours, I responded to 2461 Metrocentre BLVD E, regarding a domestic battery call for service. Upon arrival I contacted James Henry (W/M 06/19/1964) who advised the following					
	STATE OF FLORIDA COUNTY OF PALM BEACH					
	Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.					
	 _____ 2251 SIGNATURE OF ARRESTING OFFICER					
	Sworn to and subscribed to before me this <u>28</u> day of <u>April</u> , <u>2024</u> .					
 _____ 2246 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

NOT A CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time <b>04/28/2024 17:21</b>	Agency ORI Number <b>FL FLO500800</b>	Agency Name <b>WEST PALM BEACH POLICE</b>	Agency Report Number <b>9   4   2024-0007363</b>
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Henry advised he had a few drinks and had to go pick up his partner Arlene Ramini (W/F 04/24/1965) from Palm Beach International Airport. Henry advised upon picking up Ramini, she began arguing with him as she knew he was intoxicated. Henry advised they arrived on the off ramp of 45th and 195 where a homeless gentleman approached their vehicle. Henry made a comment to Ramini to show the homeless man her breast where she became upset and slapped him with an open hand across the right side of his face.

It then contacted Ramini in room 121 where she advised the following:

Ramini advised she arrived at the airport earlier today where she was picked up by Henry. Ramini advised upon entering the vehicle and she observed Henry was intoxicated. Ramini advised she became upset and told Henry she would drive to prevent any incidents. Ramini advised during their drive to the hotel, they engaged in a verbal dispute over Henry being intoxicated. Ramini advised they were on the offramp of 195 and 45th street and a homeless male approached their vehicle and asked for money. Ramini advised Henry made a comment to show the homes male her "Pussy" where she became upset and slapped him across the face.

It should be noted Ramini and Henry have had a relationship for approximately 7 years making the incident domestic.

At this time due to Ramini making the statement of slapping Henry across the face, I find one (1) count of domestic battery pursuant F.S.S 784.03(1A1) | DOM.

Ramini was later transported to the Palm Beach County jail for booking.

BWC active.

NOT A CERTIFIED COPY

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
\_\_\_\_\_  
2251  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28<sup>th</sup> day of April, 2024.

  
\_\_\_\_\_  
2246  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**VICTIM NOTIFICATION FORM**

This form must be filled out in a case involving one of the following crimes.

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 24-7363 Agency: West Palm Beach  
 Offense: Domestic Battery  
 Suspect/Offender: Arlene Ramini  
 D.O.B. 6/19/64 Race: W Sex: F

2. Warrant #(s) \_\_\_\_\_

3. Complete one (1) of the following:

a. Victim's name: Janes Henry  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Home #: \_\_\_\_\_

b. Victim's \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Home #: \_\_\_\_\_

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify).  
 \_\_\_\_\_

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT / OFFENDER.

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: \_\_\_\_\_ I.D.: \_\_\_\_\_ Date: \_\_\_\_\_

SUSPECT / OFFENDER:

Arlene Ramini

COURT CASE / WARRANT #  
(FOR WARRANTS USE ONLY)

24-7303



# Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024011439	Date: 4/29/2024
	Specialist Name/ID#: MTools #8557