

JACKET# 0558991

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P#1002

Marsy's Law CVI FL. Const. Art.1 § 16(b)

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias 1 Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO: 5 0 0 0 0 0				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 0 6 1 25070239											
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		# Weapon Seized Enter Type		Multiple Clearance Indicator					
	Location of Arrest (including Name of Business)										Location of Offense (Business Name, Address)											
DEFENDANT	Date of Arrest 06/12/25		Time of Arrest 2303		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) BATESKAS ASHLEY										Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex W F		Date of Birth 07/06/1988		Height 5'04		Weight 110		Eye Color BROWN		Hair Color BROWN		Complexion FAIR		Build SMALL			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status Married		Religion None		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/>		N <input type="checkbox"/>		Unk <input type="checkbox"/>	
	Local Address (Street, Apt. Number)				(City)				(State)				(Zip)				Mobile Phone					
	Permanent Address (Street, Apt. Number)				(City)				(State)				(Zip)				Phone					
	Business Address (Name, Street)				(City)				(State)				(Zip)				Phone					
	D/L Number, State B322012887460				Soc. Sec. Number				INS Number				Place of Birth (City, State) Westwood, NJ				Citizenship USA					
	Co-Defendant (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 (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											
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)				Residence Phone															
	Address (Street, Apt. Number)				(City)				(State)				(Zip)				Business Phone					
	Notified by: (Name)				Date				Time				Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 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 (561) 355-6511) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)										School Attended				Grade							
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property															
	Drug Activity S. Sell N. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ 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		U. Unknown Z. Other	
	Charge Description Simple Battery (Domestic)				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1a1)				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense # 25070239		Warrant / Capias Number				Bond NO Bond									
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
NOTICE TO APPEAR	Location (Court, Room Number, Address)																					
	Court Date and Time Month Day Year Time A.M. PM																					
	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																					
ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed 06/12/25											
	I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.																					
	HOLD for other agency				Signature of Arresting Officer x				Name Verification (Printed by Agency)				SCANNED									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) DS Anthony Mucia				I.D. # 45611				(PRINT) JUN 13 2025									
I.D. # 7006				Pouch #				Transporting Officer H. W. 45611				Agency PBSO										
Witness here if subject signed with an "X"																						

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 25070239				
	Charge Type: Check as many as apply		Special Notes:				
DEF	Name (Last, First, Middle) BATESKAS ASHLEY		Alias	Race W	Sex F	Date of Birth 07/06/1988	
	Charges Simple Battery (Domestic) 784.03(1a1)						
VICTIM	Victim's Name (Last, First, Middle) BATESKAS CHRISTOPHER		Race W	Sex M	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (zip)		Phone	Address Source FL DL			
	Business Address (Name, Street) (City) (State) (zip)		Occupation				
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation</p> <p>On the <u>12th</u> day of <u>June</u>, 20<u>25</u> at <u>2303</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>							
<p><input type="checkbox"/> Marsy's Law CVI FL. Const. Art.1 § 16(b)</p> <p>On 06/12/2025 at approximately 2231 hours I responded to _____ in reference to domestic disturbance.</p> <p>Upon my arrival, I spoke with Victim Christopher Bateskas who stated the following not verbatim in a sworn statement: Him and his wife Ashley Bateskas had got into an argument over who would sleep with their daughter in common. While arguing she punched him in the back of the neck that left visible redness. He stated that they have had a history of domestic violence over the past few years.</p> <p>I then spoke with Ashley Bateskas who stated in a sworn statement not verbatim: Her and her husband Christopher Bateskas had got in an argument over their child in common. _____ She continued to tell me that they had a history of domestic violence that was off and on physical.</p> <p>Based on my investigation, I find probable cause to arrest Ashley Bateskas for Simple Battery (Domestic) FSS 784.03(1a1) due to the redness found on the back of Christopher Bateskas's head/neck, sworn statements and Ashley Bateskas stating that she hit Christopher.</p>							
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH DS Anthony Mucia (ID #: 45611) (Signature of Arresting/Investigative Officer)</p>						
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>12</u> day of <u>June</u>, 20<u>25</u> by <u>DS Anthony Mucia 45611</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u></p>						
	<p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>						

NOT A CERTIFIED COPY

SCANNED

JUN 13 2025

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: BATESKAS ASHLEY DOB: 07/06/1988 Case #: 25070239

Victim: BATESKAS CHRISTOPHER DOB: [REDACTED] Race: W Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: BATESKAS CHRISTOPHER

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: redness on victim neck

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: Olivia BATESKAS DOB: [REDACTED]

Name: _____ DOB: _____

Name: _____ DOB: _____

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: _____

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone _____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information: BATESKAS CHRISTOPHER

Local Address: [REDACTED]

Phone: Home (____) _____ - _____ Work (____) _____ - _____ Cell [REDACTED]

Employer: _____

Name of Relative: _____ Phone _____

Address: _____

SCANNED



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 checked="" type="checkbox"/>	119.071(2)(e)	Confession	3
Public Info. Exemptions	<input checked="" 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)	1-5
	<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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2025015584	Date: 6/13/2025
	Specialist Name/ID#: Joe Kovach 44820

SCANNED

JUN 13 2025