

Marsy's Law CVI FL Const. Art.1 § 18(b)

0546954 24C1203

378

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile  N

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   -   24033062
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input 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>Scissors</b>	Multiple Clearance Indicator <b>02</b>
Location of Arrest (including Name of Business)			Location of Offense (Business Name, Address)		
Date of Arrest <b>02/09/24</b>	Time of Arrest <b>1921</b>	Booking Date	Booking Time	Jail Date	Jail Time

Name (Last, First, Middle) <b>Harpman Chaz T</b>	Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black	American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>08/11/1988</b>	Height <b>6'01</b>	Weight <b>210</b>
Eye Color <b>Blue</b>	Hair Color <b>Brown</b>	Complexion <b>Light</b>	Build <b>MEDIUM</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TAT LEFT HAND, RIGHT HAND, LEFT WRIST, LEFT BICEP, RIGHT SHOULDER</b>			Marital Status <b>Married</b>	Religion <b>Atheism</b>	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 <b>(804) 502-5026</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone <b>(804) 502-5026</b>		Address Source <b>VERBAL</b>	
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation <b>Horse Rider</b>	
D/L Number, State <b>H615118882910, FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>Charlottesville, VA</b>	Citizenship <b>US</b>	

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

<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
Property Crime? <input type="checkbox"/> Yes <input 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: 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 <b>Domestic Battery by Strangulation</b>		Counts <b>01</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.041 (2) (A)</b>		Warrant / Capias Number		Bond		
Charge Description <b>Aggravated Assault</b>		Counts <b>01</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.021 (1) (A)</b>		Warrant / Capias Number		Bond		
Charge Description <b>Aggravated Assault</b>		Counts <b>01</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>843.15 10</b>		Warrant / Capias Number <b>LU 052478 CIVIL 02</b>		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Warrant / Capias Number		Bond		

FILED PBC - GUN CLUB  
24 FEB 10 AM 5:31

Location (Court, Room Number, Address)
Court Date and Time Month Day Year Time A.M. P.M.

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 **02/09/24**

<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Signature of Arresting Officer <b>A. Hernandez</b>	Name Verification (Printed by Arrestee) (PRINT)
Intake Deputy	ID #	Pouch #	Transporting Officer <b>8057</b>
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.		Signature	PAGE <b>1</b> OF <b>1</b>

		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	N
ADMIN	OBTS Number	Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 24033062</b>	
	Charge Type Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes		
DEF	Name (Last, First Middle) <b>Harpman Chaz T</b>		Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/11/1988</b>	
	Charges <b>Domestic Battery by Strangulation 784.041 (2) (A)</b>		<b>Aggravated Assault</b>		<b>784.021 (1) (A)</b>		
VICTIM	Victim's Name (Last, First, Middle) <b>Van Sande Bert</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/02/1977</b>		
	Local Address (Street, Apt. Number) [REDACTED]		(City)	(State)	(zip)	Phone	
	Business Address (Name Street) [REDACTED]		(City)	(State)	(zip)	Phone	
<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>9th</u> day of <u>February</u> 20<u>24</u> at <u>1921</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><input type="checkbox"/> <b>Marsy's Law CVI</b> FL. Const. Art.1 § 16(b)</p> <p><b>On February 9th 2024 at approximately 1854 hours I (D/S Hernandez 41467) responded to [REDACTED] in reference to an armed domestic disturbance.</b></p> <p><b>Upon my arrival I made contact with the complainant/victim Bert Van Sande (W/M 01/02/1977) who advised the following:</b></p> <p><b>He and his husband, later identified as Chaz Harpman (W/M 08/11/1988), were having an argument which later turned physical. Van Sande stated that the argument started this morning at approximately 0700 hours. Van Sande said they starting bickering over inadequate sexual performance and shortly after, left for work.</b></p> <p><b>Once Van Sande returned home later that day he stated that Harpman was very aggressive towards him and once again an argument ensued. As they were arguing Harpman became more and more aggressive which eventually became physical. Van Sande said that Harpman then grabbed his neck and starting choking him. Van Sande stated that while he was being choked he was on the brink of losing consciousness. Harpman then let go for a brief moment and then started choking him once again. Van Sande said Harpman eventually let him go, grabbed a pair of scissors and threw them at him. Van Sande stated that the scissors were traveling in his direction but he was able to deflect them. Van Sande then stated that he walked away as if nothing happened, walked into the bathroom, and notified one of his friends on what had just occurred. Then shortly after, deputies arrived on scene.</b></p> <p><b>I asked Van Sande if he can show me the injuries he sustained to which he obliged. Upon first glance I observed what appeared to be ruptured blood vessels in his neck a long with faint finger/hand marks. I asked Van Sande if he was willing to provide a sworn statement along with photos of his injuries to which he obliged.</b></p> <p><b>I made contact with Harpman and asked him for his side of the story. Harpman stated that they just had an argument and nothing more. I then asked if at anytime the argument became physical. Harpman stated again that it was just an argument.</b></p> <p><b>Based on my investigation and the above facts probable cause exists to charge Chaz Harpman with Domestic Battery by Strangulation and Aggravated Assault contrary to F.S.S. 784.041 (2) (A) and 784.021 (1) (A).</b></p> <p><b>The sworn recorded statement along with photos of his injuries were uploaded to PBSO evidence.com.</b></p>							
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>A. Hernandez</b> (ID #) <b>41467</b> (Signature of Arresting/Investigative Officer)						
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>9th</u> day of <u>February</u> 20 <u>24</u> by <u>A. Hernandez</u> <u>41467</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> <u>SWORN</u>						
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)						

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **Domestic Violence** - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 #: 24033062 Agency: PBSO  
Offense: Domestic Battery by Strangulation Aggravated Assault  
Suspect/Offender: Name (Last) Harpman (First) Chaz (Middle) T  
D.O.B. 08/11/1988 Race: W Sex: M

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

3.a. Victim's name: Van Sande Bert Name (Last, First)  
D.O.B. 01/02/1977 Race: W Sex: M  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

## Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

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

Printed name of person waiving notification: Name (Last, First) Van Sande Bert

Deputy's Name: A. Hernandez I.D. # 41467 Date: 02/09/24

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER Harpman

Chaz

T

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:

<b>PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)</b>		Date:	Time:	Case #:
CASE INFORMATION FORM				
CHECK ONE: <input type="checkbox"/> PERSON CRIME		<input type="checkbox"/> PROPERTY CRIME		<input type="checkbox"/> NON-CRIME CASE
Deputy:	ID#:	Dist. / Div.:	Phone:	Case Type/Offense/Crime (do not use signal code):
<input type="checkbox"/> Victim <input type="checkbox"/> Witness • Name (Last, First, M.):		Race:	Sex:	D.O.B.:
Victim/Witness Address:		City/State/Zip		

**DEPUTY TO VERIFY AND CHECK APPLICABLE BOX(ES) – VICTIM/WITNESS TO INITIAL APPLICABLE SECTIONS – WRITE LEGIBLY**

**A**  **VICTIM / WITNESS RIGHTS BROCHURE – ACKNOWLEDGEMENT**

**BROCHURE TO BE PROVIDED TO ALL CRIME VICTIMS AND/OR WITNESSES (PBSO #0147)**

I, [Initials \_\_\_\_\_], have received a copy of the Victim Rights Brochure and/or acknowledge I can view electronically via [www.pbso.org](http://www.pbso.org).

**B**  **VICTIM NOTIFICATION (V.I.N.E.) – FOR CORRECTIONS TO CONTACT VICTIM UPON JAIL RELEASE**

REQUIRED IF ARREST OR WARRANT FOR HOMICIDE, ATTEMPTED MURDER, SEXUAL OFFENSES, ATTEMPTED SEXUAL OFFENSES, STALKING, DOMESTIC/DATING VIOLENCE - TO INCLUDE ANY ASSAULT, AGG. ASSAULT, BATTERY, AGG. BATTERY, SEXUAL ASSAULT, SEXUAL BATTERY, STALKING, AGG. STALKING, VIOLATION OF NCO OR INJUNCTION, 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.

Suspect Name (Last, First, M.):	Race:	Sex:	D.O.B.:
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I understand that I may be notified when the arrestee is released from PBSO custody at the phone number I provided above. I request the following person be notified if I was not contacted (optional):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
(Next of Kin/Neighbor/Friend/etc.)

(optional) I choose **NOT** to be notified when the arrestee is released from custody. [Initial \_\_\_\_\_]

**Deputy to check one: ( ) ARREST or ( ) WARRANT #**

**C**  **MARSY'S LAW – CONFIDENTIAL VICTIM INFORMATION – FL Constitution, Article 1, §16(b)**

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, [Initials \_\_\_\_\_] request confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below: As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number and work and business addresses of me and my family be redacted from my records indefinitely, if my records are requested pursuant to a public records request.

**D**  **CONFIDENTIAL VICTIM INFORMATION – FS 960 – ONLY APPLIES TO SPECIFIC CRIMES LISTED BELOW**

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, [Initials \_\_\_\_\_], as a victim (or spouse/former spouse) of **Harassment** (FSS 784.048(1)(a)), **Sexual Battery**, **Aggravated Child Abuse**, **Domestic Violence** (live together, lived together or have a child in common), **Aggravated Stalking** (FSS 784.048 (3)(4)), or **Aggravated Battery** (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

**E**  **AUTHORIZED RECORD EXEMPTION(S) - PUBLIC RECORDS ACT - FS 119.071(4)(d) – VERIFY EMPLOYMENT**

CRIME OR NON CRIME REPORT - MUST FIT THE CRITERIA DESCRIBED

I, [Initials \_\_\_\_\_], attest that I am an individual exempt under FS 119.071(4)(d) (to include a spouse or child of), a current or former **Law Enforcement Officer, Firefighter, Justice or Judge, General Magistrate, Code Enforcement Officer, Child Enforcement Hearing Officer, State Attorney, Public Defender, U.S. Attorney, U.S. Judge, U.S. Magistrate**, or other authorized person and hereby request my information be redacted from public record.

CURRENT or FORMER exempt position: \_\_\_\_\_ Name of current or last agency: \_\_\_\_\_

**SIGN BELOW**

I have read and initialed the applicable section(s) and sign of my own free will (if a minor, a parent or guardian must sign):

MY SIGNATURE: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian/Next of Kin name (if applicable):

Deputy Signature: \_\_\_\_\_ ID#: \_\_\_\_\_

► **If Criminal Case:**  
 Scanned to Victim Advocate by ID#: \_\_\_\_\_

WHITE – CENTRAL RECORDS

YELLOW – CORRECTIONS

PINK – VICTIM/WITNESS



# 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 checked="" 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	1-5
	<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: 2024003755	Date: 2/10/2024
	Specialist Name/ID#: C.Daniels 30347