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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 N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FL0 5 0 0 0 0 0				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 0 6 1- 23-030051											
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator 0 1							
	Location of Arrest (including Name of Business) 9873 LAWRENCE RD, BOYNTON BEACH, FL 33436						Location of Offense (Business Name, Address) 9873 LAWRENCE RD, BOYNTON BEACH, FL 33436															
	Date of Arrest 01/27/2023		Time of Arrest 0343		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
DEFENDANT	Name (Last, First, Middle) Barr, Christie, Marie												Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex W F		Date of Birth 3/11/1989		Height 5'02		Weight 145		Eye Color BROWN		Hair Color BLACK		Complexion Light		Build Small			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Martial Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 14050 PACIFIC POINT PL, DELRAY BEACH, FL 33484						(City)		(State)		(Zip)		Phone (561) 723-3271		Residence Type: 1. City 2. County 3. Florida 4. Out of State							
	Permanent Address (Street, Apt. Number) 1527 Ray Cove Rd, Franklin, NC 28734						(City)		(State)		(Zip)		Phone ( )		Address Source VERBAL							
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ( )		Occupation							
CO-DEF	D/L Number, State B600113895910, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) Boynton beach FL		Citizenship							
	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 ( )										
JUVENILE	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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> 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											
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property															
CHARGE	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/Derv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description BATTERY DOMESTIC (DATING VIOLENCE)				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1A1)				Violation of ORD #									
	Drug Activity N		Drug Type N		Amount / Unit		Offense # 23-030051		Warrant / Capias Number				Bond									
	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 #									
	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 #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
	Location (Court, Room Number, Address)												Court Date and Time Month Day Year Time A.M. P.M. JAN 27 AM 6:03									
	NOTICE TO APPEAR												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 (for Juvenile and Parent/Custodian)												Date Signed 01/27/2023									
HOLD for other agency				Signature of Arresting Officer D/S H. HU 40227				Name Verification (Printed by Arrested) D/S G. WEDDERBURN 39653				Date Signed JAN 27 AM 6:03										
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S H. HU 40227				I.D. # 40227				PAGE 1 OF 1										
Intake Deputy GILMORCAL7200		I.D. #		Pouch #		Transporting Officer D/S G. WEDDERBURN 39653				I.D. # 39653		Agency PBSO		Witness here if subject signed with an "X"								

OBTs Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	<b>1</b>	Juvenile	<b>N</b>
ADMIN	Agency ORI Number	Agency Name	Agency Report Number					
	FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	23-030051					
CHARGES	Charge Type	Special Notes						
	<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							
DEF	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth			
	<b>Barr, Christie, Marie</b>		W	F	3/11/1989			
VICTIM	Charge Description	Charge Description						
	BATTERY DOMESTIC (DATING VIOLENCE)	784.03(1A1)						
VICTIM	Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth				
	<b>Corbett, Matthew, James</b>	W	M	04/04/1989				
	Local Address (Street, Apt Number)	City	State	Zip	Phone	Address Source		
	9873 Lawrence Rd Apt B306, Boynton Beach, FL 33436				(561) 716-0574	FLDL		
Business Address (Name, Street)	City	State	Zip	Phone	Occupation			
				( )	FOREMAN			
<p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) 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>27TH</u> day of <u>JANUARY</u> 20 <u>23</u> at <u>0130</u> <input checked="" type="checkbox"/> A.M. <input 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 the above listed date and time I responded to 9873 Lawrence Rd. unincorporated Boynton Beach, Palm Beach County, FL 33436 in reference to a domestic disturbance. Upon arrival, I made contact with the defendant (Christie Barr) and the victim (Matthew Corbett) in the parking lot of the apartment complex. Matthew and Christie stated they have been in a dating relationship for the past 3 years.</b></p> <p><b>Christie was walking away from Matthew, while Matthew followed her. As Matthew got closer I could see Matthew had a bloody nose. I separated both parties and interviewed them separately. Matthew stated Christie had drove to his apartment, and he meet her in the parking lot of the leasing office. He stated while in the parking lot they got into a verbal argument, and Christie wanted to drive off. Matthew stated during their argument he could tell Christie had been drinking and due to her being intoxicated he did not want her to drive so he stood in the driver side doorway preventing her from closing the door and driving off. He said while he was still in the doorway, Christie "mushed" him in the face with an open hand. He stated she hit him hard enough in the face to cause his nose to bleed.</b></p> <p><b>I spoke to Christie who stated she came to Matthew's residence to talk to him because she did not want him to hurt himself. She stated when she pulled into the parking lot of the leasing office, Matthew came running to meet her at her vehicle. She stated while at her vehicle they got into a verbal argument. She stated she told Matthew that "it was a bad idea for her to come over." She stated she attempted to leave but Matthew stood in the driver side door way keeping her from closing the door and drive off. She stated she told him several time to move, but he refused. She stated at which time she "mushed" him in the face with an open hand. She stated she did not realize pushing him in the face with caused him to bleed from the nose. She stated after striking Matthew in the face she exited the vehicle and ran away.</b></p> <p><b>Christie knowingly and without the consent of Matthew struck him in the face causing the injury. Christie was subsequently arrested for domestic battery.</b></p> <p><b>Matthew refused to provide a sworn written statement, he declined prosecution and he refused medical attention.</b></p>								
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> D/S H. HU 40027</p> <p>(Signature of Arresting Investigative Officer)</p>							
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27th</u> day of <u>JANUARY</u> 20 <u>23</u> by <u>D/S H. HU</u></p> <p>(Print name of Arresting Investigative Officer, who is personally known to me and/or produced identification Type of identification produced <u>KNOWN TO LEO</u>)</p>							
	<p>D/S G. WEINERBURN # 39653</p> <p>Notary Public, Clerk of Court, Officer (F.S.S.) 11 7 1 D)</p>							

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

Suspect: Barr, Christie, Marie DOB: 3/11/1989 Case #: 23-030051

Victim: Corbett, Matthew, James DOB: 04/04/1989 Race: W Sex: M

Relationship between Victim and Defendant: GIRLFRIEND/BOYFRIEND

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: Corbett, Matthew, James

Weapon Used:  Yes  No Type: HANDS/FEET

Witness:  Yes  No Name: \_\_\_\_\_

Victim Pregnant:  Yes  No If yes, \_\_\_ weeks \_\_\_ months

Injuries:  Yes  No Description: NOSE BLEED

Medical Treatment:  Yes  No

At Scene:  Yes  No Paramedics: REFUSED

At Hospital:  Yes  No Hospital: N/A Physician: N/A

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

Name: \_\_\_\_\_ DOB:  / /

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: I JUST WANTED TO LEAVE.

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:

Local Address: 9873 Lawrence Rd Apt B306, Boynton Beach, FL 33436

Phone: Home (561) 716-0574 Work ( ) - Cell ( ) -

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone ( ) -

Address: \_\_\_\_\_

# VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (F.S. 784.048)
- **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 #: 23-030051 Agency: PBSO  
Offense: BATTERY DOMESTIC (DATING VIOLENCE)  
Suspect/Offender: Barr, Christie, Marie  
D.O.B. 3/11/1989 Race: W Sex: F

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

3.a. Victim's name: Corbett, Matthew, James D.O.B. 04/04/1989 Race: W Sex: M  
Address: 9873 Lawrence Rd Apt B306  
City: Boynton Beach, FL 33436  
Home #- (561) 716-0574 Work #: 0 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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: Corbett, Matthew, James

Deputy's Name: D/S H. HU I.D.# 40227 Date: 01/27/2023

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: **Barr, Christie, Marie**  
(FOR WARRANTS USE ONLY)  
COURT CASE/WARRANT#.



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<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"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023002600	Date: 1/28/2023
	Specialist Name/ID: Pinkneya/7796