

50-2025-MM-007460 AMB

0560758

2320

**JACKET#**  **Marsy's Law (FL Const. Art. I § 16(4))**  **Check if Supplement is Attached**

**ARREST / NOTICE TO APPEAR** 1. Arrest 3. Request for Warrant  
2. N.T.A 4. Request for Capias 1 Juvenile

**OBTS Number** \_\_\_\_\_ **Agency OH# Number** \_\_\_\_\_ **Agency Name** **PALM BEACH COUNTY SHERIFF'S OFFICE** **Agency Report Number** **06-25089382**

**Charge Type:** Check as many as apply:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  Ordinance  Other \_\_\_\_\_ **Multiple Clearance Indicator** **1**

**Location of Arrest (including Name of Business)** \_\_\_\_\_ **Location of Release (Business Name, Address)** \_\_\_\_\_

**Date of Arrest:** **08/19/25** **Time of Arrest:** **2344** **Booking Date:** \_\_\_\_\_ **Booking Time:** \_\_\_\_\_ **Jail Date:** \_\_\_\_\_ **Jail Time:** \_\_\_\_\_ **Location of Vehicle:** \_\_\_\_\_

**Name (Last, First, Middle)** **HENDRICK CHRISTINA** **Alias (Name, DOB, Soc. Sec. #, Etc.)** \_\_\_\_\_

**Race:**  W - White  I - American Indian  B - Black  O - Oriental/Asian **Sex:**  M  F **Date of Birth:** **6/30/1979** **Height:** **506** **Weight:** **140** **Eye Color:** **BRN** **Hair Color:** **BLU** **Complexion:** **FAIR** **Build:** **SMALL**

**Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)** \_\_\_\_\_ **Mental Status:** **Single** **Religion:** **CHRISTIAN** **Indication of Alcohol Influence:**  1. Yes  2. No **Drug Influence:**  1. Yes  2. No

**Local Address (Street, Apt. Number)** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_ **Residence Type:**  1. City  2. County  3. Florida  4. Out of State **2**

**Permanent Address (Street, Apt. Number)** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Address Source:** **FL DL**

**Business Address (Name, Street)** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Occupation:** **SELF EMPLOYED**

**D/L Number, State:** **H-362-102-79-730-0** **Soc. Sec. Number:** \_\_\_\_\_ **INS Number:** \_\_\_\_\_ **Place of Birth (City, State):** **SEATTLE WA** **Citizenship:** **US**

**Co-Defendant (Last, First, Middle)** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

**Co-Defendant (Last, First, Middle)** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Parent  Legal Custodian  Other: **(No Bond)** **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:** \_\_\_\_\_

**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.  Yes, by (Name) \_\_\_\_\_  No (Reason) \_\_\_\_\_ **School Attended:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Property Crime?**  Yes  No **Description of Property:** \_\_\_\_\_ **Value of Property:** \_\_\_\_\_ **VICTIM NOTIFICATION REQUIRED**

**Drug Activity:**  N/A  Possess  S. Sell  B. Buy  T. Traffic  R. Smuggle  U. Deliver  E. Use  K. Dispense/Distribute  M. Manufacture/Produce/Cultivate  Z. Other **Drug Type:**  N/A  A. Amphetamine  B. Barbiturate  C. Cocaine  L. Heroin  H. Hallucinogen  M. Marijuana  O. Opium/Deriv.  P. Paraphernalia/Equipment  S. Synthetic  U. Unknown  Z. Other

**Charge Description:** **Simple Battery (Domestic)** **Counts:** \_\_\_\_\_ **Domestic Violence:**  Y  N **Statute Violation Number:** **784.03(1a1)** **Violation of ORD #:** \_\_\_\_\_

**Drug Activity:** \_\_\_\_\_ **Drug Type:** \_\_\_\_\_ **Amount / Unit:** \_\_\_\_\_ **Offense #:** **25089382** **Warrant / Capias Number:** \_\_\_\_\_ **Bond:** \_\_\_\_\_

**Charge Description:** \_\_\_\_\_ **Counts:** \_\_\_\_\_ **Domestic Violence:**  Y  N **Statute Violation Number:** \_\_\_\_\_ **Violation of ORD #:** \_\_\_\_\_

**Drug Activity:** \_\_\_\_\_ **Drug Type:** \_\_\_\_\_ **Amount / Unit:** \_\_\_\_\_ **Offense #:** \_\_\_\_\_ **Warrant / Capias Number:** \_\_\_\_\_ **Bond:** \_\_\_\_\_

**Charge Description:** \_\_\_\_\_ **Counts:** \_\_\_\_\_ **Domestic Violence:**  Y  N **Statute Violation Number:** \_\_\_\_\_ **Violation of ORD #:** \_\_\_\_\_

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**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.**

**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:** **08/19/25**

**I consent to receive text reminders of court date(s) and times for this case by automatic technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may reply to this content via the text message system if I choose.** **Signature:** \_\_\_\_\_

**HOLD for other agency:**  **Signature of Arresting Officer:** \_\_\_\_\_ **Name Verification (Printed by Arrestee):** \_\_\_\_\_

Dangerous  Suicidal  Resisted Arrest  Other: \_\_\_\_\_ **Name of Arresting Officer (Print):** **D/S ARROYO 38427** **I.D. #:** **38427** **(PRINT):** \_\_\_\_\_

**Transporting Officer:** **D/S STERLING 39312** **I.D. #:** **39312** **Agency:** **PBSO** **Witness here if subject signed with an "X":** \_\_\_\_\_

**Page:** **1** **OF 1**

PRSO # 49 REV. 01/23 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'S ONLY)

AUG 20 AM 2:20  
FILED PBC - GUN CLUB  
25 AUG 20 AM 7:18

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest	3 Request for Warrant	1	Juvenile
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 25089382</b>			
Charge Type: Check as many as apply.		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							
Name (Last, First, Middle) <b>HENDRICK CHRISTINA</b>		Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>6/30/1979</b>	
Charges <b>Simple Battery (Domestic)</b>		<b>784.03(1a1)</b>					
Victim's Name (Last, First, Middle) <b>JONES TERRENCE</b>		Race <b>B</b>		Sex <b>M</b>	Date of Birth		
Local Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Address Source <b>FL DL</b>	
Business Address (Name, Street)		(City) (State) (Zip)		Phone		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 _____      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>admitting to the below facts.</p> <p>On the <u>19</u> day of <u>AUGUST</u> 20<u>25</u> at <u>1144</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>							
<p><b>Marsy's Law CVI</b> FL Const. Art. 1 § 16(b)</p> <p><b>CHRISTINA HENDRICK (THE DEFENDANT) IS IN A CONSENSUAL ROMANTIC RELATIONSHIP WITH TERRENCE JONES (THE VICTIM). THEY ARE BOTH ENGAGED TO EACH OTHER AS OF THIS WRITING.</b></p> <p><b>THE DEFENDANT CLIMBED ON TOP OF THE VICTIM, WHO WAS LAYING IN HIS BED, IN AN ATTEMPT TO GRAB HIS CELL PHONE OUT OF HIS HANDS. THE DEFENDANT USED HER RIGHT HAND'S FINGERNAILS TO SCRATCH THE VICTIM'S NECK ON BOTH THE LEFT AND RIGHT SIDE. THE DEFENDANT ALSO USER HER RIGHT HAND'S FINGERNAILS TO SCRATCH THE VICTIM'S UPPER BACK AND CHEST. THE VICTIM STATED SHE DID THIS AGAINST HIS WILL.</b></p> <p><b>I OBSERVED SUPERFICIAL LACERATIONS ON THE VICTIM'S UPPER BACK, CHEST, AND ON BOTH SIDES OF HIS NECK. THESE INJURIES WERE CONSISTENT WITH THE VICTIM'S STATEMENT.</b></p> <p><b>BASED ON THE ABOVE FACTS, I FIND PROBABLE CAUSE TO ARREST CHRISTINA HENDRICK FOR SIMPLE BATTERY (DOMESTIC).</b></p>							
<p>STATE OF FLORIDA COUNTY OF PALM BEACH <b>D/S ARROYO 38427</b> (id #) <u>38427</u> (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>19</u> day of <u>AUGUST</u> 20<u>25</u> by <u>D/S ARROYO 38427 38427</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</u> <u>LEO</u></p> <p><b>D/S STERLING 39312</b> Notary Public, Clerk of Court, Officer (F.S. § 117.10)</p>							
							PAGE OF <b>1</b>

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

Suspect: HENDRICK CHRISTINA DOB: 6/30/1979 Case #: 25089382

Victim: JONES TERRENCE DOB: [REDACTED] Race: B Sex: M

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene Yes  No  Victim Yes  No  Defendant Yes  No

911 Call:  Yes  No  Caller: HENDRICK CHRISTINA

Weapon Used: Yes  No  Type: \_\_\_\_\_

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

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

Injuries: Yes  No  Description: SUPERFICIAL LACERATIONS

Medical Treatment: Yes  No

At Scene: Yes  No  Paramedics: PBCFR

At Hospital: Yes  No  Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

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

Name: KYE JONES DOB: 7/31/2009

Name: KENNEDY JONES DOB: 8/20/08

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: HELLO

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

First words Victim said when you responded to scene: HI

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: JONES TERRENCE

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

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_

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

Name of Relative: \_\_\_\_\_ Phone \_\_\_\_\_

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

<b>PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)</b>		Date: 08/19/25	Time: 2348	Case #: 25089382
CASE INFORMATION FORM				
CHECK ONE: <input checked="" type="checkbox"/> PERSON CRIME		<input type="checkbox"/> PROPERTY CRIME	<input checked="" type="checkbox"/> DOMESTIC - NON-CRIME CASE	<input type="checkbox"/> OTHER - NON-CRIME CASE
Deputy: J. Sterling	ID#: 39312	Dist. / Div. 6	Phone: 561 688 3000	Case Type/Offense/Crime (do not use signal code): Domestic
<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness • Name (Last, First, M.): Terrance Jones	Race: B	Sex: M	D.O.B.:	Phone:
Victim/Witness Address:		City/State/Zip:		

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

**BROCHURE TO BE PROVIDED TO ALL CRIME VICTIMS AND/OR WITNESSES (PBSO #0147)**  
 I, [Initials JT], 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.): Hendrick Christina	Race: W	Sex: F	D.O.B.: 06/30/1979
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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: Leah Midcap Address: [Redacted] Primary Phone: [Redacted]  
 (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 JT] 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**

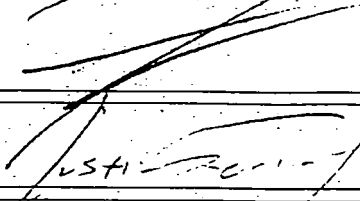
**CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER**  
 I, [Initials JT], as a victim (or spouse/former spouse) of Harassment (FSS 784.048(1)(a)), Sexual Battery, Aggravated Child Abuse, Domestic Violence (live together, lived 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.

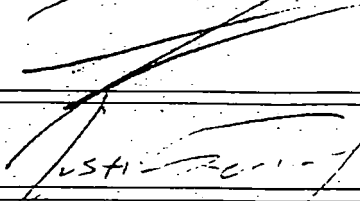
**E AUTHORIZED RECORD EXEMPTION(S) - PUBLIC RECORDS ACT - FS 119.071(4)(d) – VERIFY EMPLOYMENT**

**CRIME OR NON CRIME REPORT - MUST FIT THE CRITERIA DESCRIBED**  
 I, [Initials JT], 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: \_\_\_\_\_

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: 8-20-25

Deputy Signature:  ID#: 39312

Print Parent/Guardian/Next of Kin name (if applicable):  
 FILED PBC - GUN CLUB  
 25 AUG 20 AM 7:18



# 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 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"/>	415.107 (1)	ELDERLY NEGLECT ABUSE	

REVIEW COMPLETED BY

Booking Number: 2025022249	Date: 8/20/2025
	Specialist Name/ID#: MTools #8557