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MISDEMEANOR FL. Const. Art.1 § 16(b)

Check if Supplement is Attached

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 2 N.T.A		3 Request for Warrant 4 Request for Capias		1		Juvenile		N							
Agency ORI Number FLO: 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 0 6 - 24-032401															
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		Multiple Clearance Indicator											
Location of Arrest (including Name of Business) 16500 S MILITARY TRL/500 VENTURA DR DELRAY BEACH, FL 33484						Location of Offense (Business Name, Address) 16500 S MILITARY TRL/500 VENTURA DR DELRAY BEACH, FL 33484															
Date of Arrest 02/07/24		Time of Arrest 1815		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) Sandoval Acosta Cinay Bethania						Alias (Name, DOB, Soc. Sec. #, Etc)															
Race W - White B - Black		Sex M F		Date of Birth 04/28/1994		Height 5'03		Weight 130		Eye Color BROWN		Hair Color BROWN		Complexion BROWN		Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status Single		Religion Catholic		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Unk <input type="checkbox"/>							
Local Address (Street, Apt. Number) 9949 Sandalfoot Blvd Apt 511				(City) Boca Raton, FL 33428		(State)		(Zip)		Mobile Phone 561-405-0458		Residence Type: 1 City 2 County 3 Florida 4 Out of State 3									
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation									
D/L Number, State S531102946480, FL				Soc. Sec Number		INS Number		Place of Birth (City, State) VENEZUELA		Citizenship D											
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		Relationship		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS-DYS 3. Incarcerated		Released To: (Name)		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													
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property															
Drug Activity N. VA P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Producer/ 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)		Counts		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 # 24-032401		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)												FILED PBC - GUN CLUB 24 FEB 8 AM 6:27									
Court Date and Time Month Day Year Time AM 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.																					
Signature of Defendant (or Juvenile and Parent Custodian)										Date Signed 02/07/24											
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									
HOLD for other agency		Signature of Arresting Officer X				Name Verification (Printed by Arrestee)															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S R. PIERRE		I.D. # 40901		(PRINT)				PAGE									
Intake Deputy		I.D. #		Pouch #		Transporting Officer I.D. # D/S Pierre 40901		Agency		Witness here if subject signed with an "X"		1 OF 1									

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PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile N

OBTS Number	Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 24-032401
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	Special Notes

Name (Last, First, Middle) Sandoval Acosta Cinay Bethania	Alias	Race J	Sex F	Date of Birth 04/28/1994
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Charge Battery (Domestic)	Statute 784.03(1a1)
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Victim's Name (Last, First, Middle) LUIS LEO ALBERTO	Race J	Sex M	Date of Birth [REDACTED]
Local Address (Street, Apt. Number) (City) (State) (zip) Phone	Address Source FL DL		
Business Address (Name Street) (City) (State) (zip) Phone	Occupation		

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

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 7th day of February 2024 at 1730 A.M. P.M. (Specifically include facts constituting cause for arrest.)

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

On Wednesday, February 7, 2024, at approximately 1750 hours, I responded to [REDACTED] located within unincorporated Delray Beach in regards to an in-progress domestic dispute.

PBSO dispatch was notified by a Delray Beach off-duty police officer that a domestic dispute was in progress. The Delray police officer was able to separate both individuals before my arrival.

Upon arrival, I made contact with a Hispanic female (the defendant) and she stated the following; she has been married to her husband (the victim) for twelve years but she found out that he's been cheating on her. Both subjects are still legally married but they are separated and live in different houses.

Earlier today, at approximately 1700 hours Cinay Sandoval-Acosta and her husband Leo Luis met up to go to Walmart. At some point on the way back, both subjects arrived at the Ventura Community gate and started arguing. Cinay was upset because someone texted her husband on the way back from Walmart. She snatches the Apple Watch from his arm to verify the caller. Cinay exited the vehicle and started hitting her husband Leo. Cinay ripped the shirt off her husband as she was violently hitting and scratching him. Acosta stated [REDACTED] Leo sustained several scratches on his front and back. Leo refused to be assessed by Fire Rescue.

Based on my investigation, probable cause exists to arrest Cinay Sandoval-Acosta for the following: 1) Simple battery, violation of FSS 784.03(1a1). Cinay was placed in handcuffs behind the back. The cuffs were double-locked and checked for proper fit. Cinay was then transported to the county jail for booking without incident.

A Domestic Violence Level II notification form was submitted.

This case is cleared by arrest.

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S R. PIERRE (ID #) **40901**
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20____ by **D/S R. PIERRE 40901**
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced **PROFESSIONAL**)

Notary Public, Clerk of Court Officer (F.S.S. 117.10) **7138**

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

Name (Last, First, Middle)
Suspect: Sandoval Acosta Cinay Bethania DOB: 04/28/1994 Case #: 24-032401

Name (Last, First)
Victim: LUIS LEO DOB: [REDACTED] Race: [REDACTED] Sex: M

Relationship between Victim and Defendant: SPOUSE

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No **Caller:** _____

Weapon Used: Yes No **Type:** _____

Witness: Yes No **Name:** (Last) SWANSON (First) STEVEN (Middle) _____

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

Injuries: Yes No **Description:** SCRATCHES ON BODY

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** _____

At Hospital: Yes No **Hospital:** _____ **Doctor:** _____

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: _____

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

First words Victim said when you responded to scene: WE

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: (Last) [REDACTED]

Local Address: [REDACTED]

Phone: [REDACTED]

Employer: (Name) _____ (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **Phone:** _____

Address: _____

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)
- **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.
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**

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

1. Incident Report #: 24-032401 Agency: PBSO
Offense: Battery (Domestic)
Suspect/Offender: Name (Last) Sandoval Acosta (First) Cinay (Middle) Bethania
D.O.B. 04/28/1994 Race: [mark] Sex: F

2. Warrant #(s): _____
Name (Last, First)

3.a. Victim's name: LUIS LEO D.O.B. [redacted] Race: [mark] Sex: M
Address: [redacted]
City: [redacted] State: FL Zip: [redacted]
Home #: [redacted] 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) LUIS LEO

Deputy's Name: D/S R. PIERRE I.D. # 40901 Date: 02/07/24

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

SUSPECT/OFFENDER Sandoval Acosta Cinay Bethania
(FOR WARRANTS USE ONLY)
COURT CASE/WARRANT #:



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)	3-6
	<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: 2024003532	Date: 2/8/2024
	Specialist Name/ID#: T.HOWARD/7185