

2024 MM 00 5785 AM

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number <b>0502300</b>		Agency Name <b>North Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>7, 0</b>	Number (N.T.A.'s only) <b>24-000354</b>
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 <b>UNARMED</b>		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>735 CHARLESTOWN CIR, NORTH PALM BEACH, FL 33410</b>			Location of Offense (Business Name, Address) <b>735 CHARLESTOWN CIR, NORTH PALM BEACH, FL 33410</b>			
Date of Arrest <b>06/16/2024</b>	Time of Arrest <b>20:17</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>HYMAN, COURTNEY</b>			Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>09/07/1990</b>	Height <b>5'01</b>	Weight <b>140</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLONDE /</b>
Complexion <b>LIGHT</b>			Build <b>Medium</b>		Religion <b>CHRISTIAN</b>	
Local Address (Street, Apt. Number) <b>735 CHARLESTOWN CIR, NORTH PALM BEACH, FL 33410</b>			Permanent Address (Street, Apt. Number) <b>735 CHARLESTOWN CIR, NORTH PALM BEACH, FL 33410</b>		Business Address (Name, Street)	
D/L Number, State <b>H550100908270 / FL</b>			Soc. Sec. Number		INS Number	
Place of Birth (City, State) <b>SOUTH AFRICA</b>			Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	
Parent / Other: _____ Name (Last, First, Middle)			Legal Custodian			Residence Phone
Address (Street, Apt. Number) <b>735 CHARLESTOWN CIR, NORTH PALM BEACH, FL 33410</b>			City (City) <b>North Palm Beach</b>			State (State) <b>FL</b>
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name)			Relationship	Date	Time	Grade
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 355-2526) informed of any change of address.			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Value of Property
Drug Activity N. N/A P. Possess			S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>			Statute Violation Number <b>784.03(1)(A)(I)</b>			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
<b>N</b>				<b>1</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description			Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description			Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond			<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health			<input type="checkbox"/> T.O.T. County Jail
Transported By			Date Transported	Time Transported	Other	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court			Location (Court, Room)			No Photo Available
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Court Date and Time			
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.			Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed
HOLD For Other Agency			Signature of Arresting Officer <b>TONKIN, J.</b>			Name Verification (Printed by Arrestee) <b>JUN 17 2024</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			(PRINT)
Breaks Deputy <b>Cpt Hayden</b>			Transporting Officer <b>Vickers Ed</b>			Agency <b>9906</b> <b>9923</b> <b>NPB</b>
Witness here if subject signs			Witness here if subject signs			Page <b>1 of 1</b>

COURT REAL ATTORNEY AGENCY CRIMINAL RECORDS JAIL CRIME ANALYSTS

TA 0550176


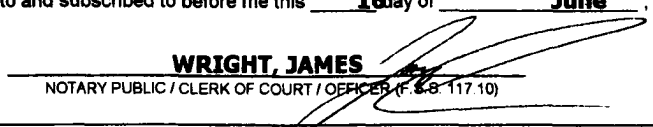
Y# 1184

SCANNED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>06/16/2024 22:19</b>		Agency ORI Number <b>FL FL0502300</b>		Agency Name <b>NORTH PALM BEACH POLICE</b>	Agency Report Number <b>7 0 24-000354</b>	
	Name (Last, First, Middle) <b>HYMAN, COURTNEY</b>					Race <b>O</b>	Sex <b>F</b>
C H R G	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>						
	Victim's Name (Last, First, Middle) <b>HYMAN, DAVID SCOTT</b>					Race <b>W</b>	Sex <b>M</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>735 CHARLESTOWN CIR, NORTH PALM BEACH, FL 33410</b>				Phone <b>(561) 339-5562</b>		Address Source
	Business Address (Name, Street) (City) (State) (Zip) <b>MIGHTY SKINS</b>				Phone		Occupation
	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>						
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>							
OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):							
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>SPOUSE</b>							
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER:				
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE:				
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If YES, attach witness list)				
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS:				
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL:				
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NAMES/AGES: <b>AVA GARGIULO/ AGE 7</b>				
H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #:					
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
N A R R	On 06/16/2024 at approximately 7:47pm, Police Officers were dispatched to 735 Charlestown Circle, North Palm Beach, FL 33410 in reference to a domestic disturbance.						
	Upon arrival police officers made contact with the caller David Scott Hyman (W/M DOB 01/04/1971) outside of						
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>16</u> day of <u>June</u> , <u>2024</u>  WRIGHT, JAMES NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)							

CERTIFIED COPY

COURT STATE ATTORNEY CENTRAL RECORDS JAIL

SCANNED  
CRIME ANALYSIS P.I.O.  
JUN 17 2024

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>06/16/2024 22:19</b>	Agency Name <b>NORTH PALM BEACH POLICE</b>	Agency Report Number <b>7 0 24-000354</b>
	Agency ORI Number <b>FL FL0502300</b>		

the home who was standing in the driveway wearing orange colored shorts with no shirt on. David had multiple scratches on his chest and stomach area as well as a scratch on his left eye. For officer safety, David was immediately detained and placed into handcuffs. David stated around 1pm his parents and two older sons came over for a father's day lunch. David stated his wife Courtney was upset with him because his sons were playing around and teasing her daughter, then when asked to stop they took it as a joke. David stated Courtney pretty much kicked them all out and they left around 4pm. David stated he was pretty upset about it and separated himself from Courtney and hung out in his office down stairs but eventually made his way upstairs to lay down and relax in his bedroom. David stated Courtney came up into the bedroom, took his cellphone and attempted to throw it out of the window but was unable to get it open. David stated he tried to get his phone back and in doing so it caused Courtney to get physical with him to a point where he was blocking trying not to get hit in the face. David stated he didn't want Courtney to get into trouble but also didn't know what to do other than call the police.

Police officers made entry into the home and made contact with Courtney Hyman (W/F DOB 09/07/1990) who was standing at the top of the stairs in the home wearing her under wear. Courtney was asked to come down stairs multiple times to speak to police officers and she refused. Police officers then went upstairs and placed Courtney in handcuffs and safely brought her down stairs. When asked what took place, Courtney stated her husband David invited his two sons (Courtney's step sons) over for a Father's Day lunch and his sons were being a little mean to her daughter (David's step daughter) by hiding her pickle ball racquet. Courtney stated she was upset at David and she was not okay with his sons treating her daughter like that because she has been through enough. Courtney also stated it was all verbal and not physical. Courtney had no visible marks on her body at the time police officers made contact with her.

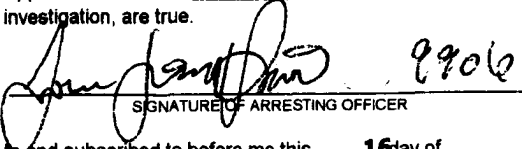
Based on my investigation and the totality of the circumstances, I find Courtney in violation of F.S. 784.03(1). The offense of battery occurs when a person actually and intentionally touches or strikes another person against the will of the other. Courtney was placed under arrest and secured in handcuffs which were double locked and checked for spacing before being placed into the back of a marked police vehicle. Courtney was wearing light colored sweatshirt with white shorts and white slippers. I provided David with a domestic violence information packet, for which he signed. David also completed an affidavit of prosecution, which he declined to fill out. A domestic violence risk assessment screen was completed. Courtney was taken to the North Palm Beach Police Station for processing and later transported to the Palm Beach County Jail without incident.

Courtney's daughter Ava Garguilo (W/F DOB 09/22/2016) was present at the time the incident occurred and appeared very upset and crying. Due to the nature of the situation, DCF will be notified.

My police vehicle was checked before and after transporting for any contraband.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 16 day of June, 2024

**WRIGHT, JAMES**  
NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S. 117.10)

**NORTH PALM BEACH DEPARTMENT OF PUBLIC SAFETY  
VICTIM NOTIFICATION FORM**

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 24-000354 Agency: NPB PD  
Offense: Domestic Violence / Battery  
Suspect/Offender: Courtney Hyman  
D.O.B. 9.7.90 Race: W Sex: F

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

3. Complete one (1) of the following:

a. Victim's name: David Scott Hyman  
Address: 735 Charlestown Cir  
City: North Palm Beach State: FL Zip: 33410  
Home #: 561-339-5562 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

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

Officer's Name: J. Tonkin I.D.: 9906 Date: 6.16.24

SUSPECT/OFFENDER: \_\_\_\_\_

COURT CASE/WARRANT #:  
(FOR WARRANTS USE ONLY)

**SCANNED**  
JUN 17 2024



# 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 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: 2024016305	Date: 6/17/2024
	Specialist Name/ID#: MTooks #8557

SCANNED  
JUN 17 2024