

24 CF 1395 MB

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**

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 1- 24035306	
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"/> Ordinance <input type="checkbox"/> Other	If Weapon Seized	Enter Type	Multiple Clearance Indicator 01
Location of Arrest (including Name of Business) 1ST AVE S AND S K ST			Location of Offense (Business Name, Address) LAKE WORTH BEACH FL 33460			
Date of Arrest 02/17/24	Time of Arrest 0227	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) FRISBIE, COURTNEY MARIE		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex F	Date of Birth 06/30/1994	Height 502	Weight 113	Eye Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NECK TATTOO OF DIAMOND, CHEST TATTOO		Marital Status Married	Religion None	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		
Local Address (Street, Apt. Number) [REDACTED]			(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]	Mobile Phone 5612935166
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone
D/L Number, State F-621-113-94-730-0			Soc. Sec. Number [REDACTED]	INS Number		Place of Birth (City, State) REFUSED
Citizenship USA			Occupation UNEMPLOYED			

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)				Business Phone

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. 14/24/24
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 HOLD
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/Derv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description CHILD NEGLECT		Counts 2	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 827.03(2)(4)(2)(D)		Violation of ORD #		Bond		
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 24035306	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Bond		
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 #		Bond		
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 #		Bond		
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 02/17/24	
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		Signature	

HOLD for other agency BAKER ACT	Signature of Arresting Officer X	Name Verification (Printed by Arrestee) (PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) D/S MOSS 42080	I.D. # PBSO
Intake Deputy [Signature]	I.D. # [REDACTED]	Pouch #	Agency 42080
Transporting Officer D/S MOSS		I.D. # PBSO	Agency 42080
Witness here if subject signed with an "X"		PAGE 1 OF 1	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 24035306						
	Charge Type: Check as many as apply.		Special Notes:						
	<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			
DEF	Name (Last, First, Middle) FRISBIE, COURTNEY MARIE		Alias	Race W	Sex F	Date of Birth 06/30/1994			
	CHARGES		CHILD NEGLECT		827.03(E)(1)				
VICTIM	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth				
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source		
	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 _____ 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>17</u> day of <u>FEB</u> 20<u>24</u> at <u>200</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><input checked="" type="checkbox"/> Marsy's Law CVI FL. Const. Art.1 § 16(b)</p> <p>On 2/17/24 at approximately 2340 hours, I responded to [REDACTED] in reference to child neglect.</p> <p>I made contact with Emerson Frisbie (W/M DOB2/9/84), who stated [REDACTED] Courtney Frisbie (W/F DOB 6/30/94), left [REDACTED] minor children home alone. He stated when [REDACTED] work he heard [REDACTED] hysterically crying. He stated he went into the children's bedroom and saw [REDACTED] sitting by the crib where [REDACTED] was. Emerson stated [REDACTED] is unable to reach into the crib to get to [REDACTED] nor is he capable of taking care of himself or [REDACTED] Emerson stated he asked [REDACTED] "where is [REDACTED] and he stated she left. However, could not say how long ago she left. Emerson then stated when he picked [REDACTED] up from the crib she had a diaper full of feces and urine from not being changed for a length of time. She also had snot all over her face due to being sick at this time which was not wiped off of her nor was she cleaned up. Emerson attempted to make contact with Courtney via cell phone, however, she did not answer. He then contacted Courtney's sister, Cassy, who has Courtney's location through her cell phone, which reveled Courtney was at The Propaganda night club.</p> <p>Based on the above facts and circumstances, I find probable cause to charge Courtney with F.S.S 827.03 (E) (1) child abuse, as Courtney failed to provide [REDACTED] with the care, supervision, and services necessary to maintain both the children's physical and mental health that a prudent person would consider essential for the well-being of the children.</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH D/S MOSS 42080 (Signature of Arresting/Investigative Officer)		(ID #) PBSO						
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17</u> day of <u>FEB</u> 20 <u>23</u> by <u>D/S MOSS 42080</u> PBSO		(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN <u>LEO DJ MIRANDA</u>						
	<u>260971</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)
- 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 #: 24035306 Agency: 42080
Offense: CHILD NEGLECT
Suspect/Offender: Name (Last) FRISBIE, (First) COURTNEY (Middle) MARIE
D.O.B. 06/30/1994 Race: W Sex: F

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

3.a. Victim's name: _____
Address: _____
City: _____
Home #: _____ Work #: _____ 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: Name (Last, First) _____
Deputy's Name: D/S MOSS 42080 I.D. # PBSO Date: 02/17/24

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

SUSPECT/OFFENDER **FRISBIE,**
COURTNEY
MARIE
COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)

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: FRISBIE, COURTNEY MARIE DOB: 06/30/1994 Case #: 24035306

Name (Last, First)
Victim: [REDACTED]

Relationship between Victim and Defendant: Family Member

Photographs: Scene Yes No **Victim** Yes No **Defendant** Yes No

911 Call: Yes No **Caller:** EMERSON FRISBIE

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

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

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

Injuries: Yes No **Description:** _____

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: [REDACTED] **DOB:** [REDACTED]

Name: [REDACTED] **DOB:** [REDACTED]

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: WHAT IS GOING ON

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

First words Victim said when you responded to scene: 17 MONTH OLD MINOR

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) [REDACTED] (Employer Address) [REDACTED]

Name of Relative: (Last) [REDACTED]

Address: [REDACTED]



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 checked="" type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	3-5
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024004429	Date: 2/17/2024
	Specialist Name/ID#: J. Gaines/ 44177