

2023 MM-1427-779 AMM

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

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0161-23-038177		
	Agency ORI Number FLO 50000000		Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		
	Location of Arrest (including Name of Business) 22894 Ironwedge Dr. Boca Raton, Florida 33433		Location of Offense (Business Name, Address) 22894 Ironwedge Dr Boca Raton, Florida 33433				
DEFENDANT	Date of Arrest 02/18/23	Time of Arrest 2339	Booking Date	Booking Time	Jail Date	Jail Time	
	Name (Last, First, Middle) Statlander Daniel Morris		Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W	Sex M	Date of Birth 01/01/1974	Height 5'05	Weight 157	Eye Color BROWN	Hair Color GRAY
CO-DEF	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Chest tattoo		Martial Status Married		Religion None		
	Local Address (Street, Apt. Number) 22151 Bella Lago Dr Apt 1209 Boca Raton, FL 33433		Mobile Phone 561-542-7338		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3		
	Permanent Address (Street, Apt. Number)		Phone		Address Source FL DL		
	Business Address (Name, Street)		Phone		Occupation Real estate		
	D/L Number, State S334173740010, FL		Soc. Sec. Number		INS Number		
JUENILE	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	
NOTICE TO APPEAR	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last) (First) (Middle)		Residence Phone () ()		
	Address (Street, Apt. Number) (1) NO BOND		(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		
CHARGE	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 Grade		
	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
	Charge Description Battery (Domestic)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a)		
Drug Activity N	Drug Type N	Amount / Unit	Offense # 23-038177	Warrant / Capias Number			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			
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 02/18/23							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
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.							
HOLD for other agency		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S A. Martinez		(PRINT) SCANNED			
Intake Deputy CA HONDA 7204		Transporting Officer I.D. # D/S A. Martinez 36437		Agency PBSO			
Witness here if subject signed with an "X" 1 OF 1							

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
ADMIN	OBTS Number	Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 23-038177				
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes					
DEF	Name (Last, First, Middle) Statlander Daniel Morris	Alias		Race W	Sex M	Date of Birth 01/01/1974				
	Charges Battery (Domestic) 784.03(1a1)									
VICTIM	Victim's Name (Last, First, Middle) Statlander Miliane S	Race W		Sex F	Date of Birth 09/27/1986					
	Local Address (Street, Apt. Number) 22894 Ironwedge Dr	(City) Boca Raton, FL 33433	(State)	(zip)	Phone 954-865-5103	Address Source FL DL				
	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 18th day of February, 2023 at 2339 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p><input type="checkbox"/> Marsy's Law CVI FL. Const. Art.1 § 16(b)</p> <p>On Saturday, February 18th, 2023, at approximately 2255 hours, I responded to 22894 Ironwedge Dr. in unincorporated Boca Raton, Florida 33433, in reference to domestic battery.</p> <p>Upon arrival, I met with a white female, later identified as Miliane Statlander who stated she and her husband, later identified as Daniel Statlander, were arguing, and he cut her in her mouth.</p> <p>It should be noted Daniel and Miliane are currently separated and not living together.</p> <p>Miliane advised the argument arose over Daniel not spending enough time with the youngest child they have in common. During the argument, Daniel got upset and attempted to yank a necklace Miliane had around her neck, resulting in Miliane receiving a cut inside her mouth on her gum.</p> <p>I then spoke with Daniel, who admitted to trying to take her necklace. I asked Daniel if he knew how Miliane received the cut, and he stated he believed it was by his fingernail when trying to take the necklace.</p> <p>Based on the above-stated information, Daniel did actually and intentionally touch or strike Miliane against the will of Miliane {or} did intentionally cause bodily harm to Miliane, contrary to Florida Statute 784.03(1a1) Battery (domestic).</p>										
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH D/S A. Martinez (ID #) 36437</p> <p>(Signature of Arresting/Investigative Officer)</p>									
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of February, 2023 by D/S A. Martinez 36437</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN</p> <p>24 Feb</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									

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: Statlander Daniel Morris **DOB:** 01/01/1974 **Case #:** 23-038177

Name (Last, First)
Victim: Statlander Miliane **DOB:** 09/27/1986 **Race:** W **Sex:** F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No
911 Call: Yes No **Caller:** Miliane
Weapon Used: Yes No **Type:** _____
Witness: Yes No **Name:** (Last) _____ (First) _____ (Middle) _____
Victim Pregnant: Yes No **If yes,** _____ weeks _____ months
Injuries: Yes No **Description:** Scratch inside mouth
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: Gabriel Statlander **DOB:** 12/14/2016
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: Hello

Victim's Statements Yes No **If yes,** written _____ recorded _____ oral _____
First words Victim said when you responded to scene: Yes

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) Statlander (first) Miliane
Local Address: 22894 Ironwedge Dr Boca Raton, Florida 33433
Phone: 954-865-5103
Employer: (Name) _____ (Employer Address) _____

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

SCANNED
FEB 19 2023

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 #: 23-038177 Agency: PBSO
Offense: Battery (Domestic)
Suspect/Offender: Name (Last) Statlander (First) Daniel (Middle) Morris
D.O.B. 01/01/1974 Race: W Sex: M

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

3.a. Victim's name: Statlander Miliane D.O.B. 09/27/1986 Race: W Sex: F
Address: 22894 Ironwedge Dr
City: Boca Raton State: FL Zip: 33433
Home #: 954-865-5103 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) Statlander Miliane
Deputy's Name: D/S A. Martinez I.D. # 36437 Date: 2/18/23

SUSPECT/OFFENDER Statlander Daniel Morris
COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)



**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023004712	Date: 2/19/2023
	Specialist Name/ID: R.Castro/40259

SCANNED
FEB 19 2023