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

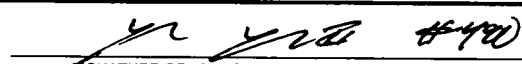
ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

Juvenile

N

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                      |                           |                                                                                              |                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------------------------|------------------------------------------------|------------------------|--|
| ADMINISTRATIVE   | OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | Agency ORI Number<br>FLO 5 0 2 6 0 0 |                           | Agency Name<br>PALM BEACH GARDENS POLICE DEPT.                                               |                                                                                       | Agency Report Number (N.T.A.'s only)<br>7 8 1 1 2 0 1 0 1 2 1 5 11 11                                                                                  |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
|                  | Charge Type:<br>Check as many as apply.<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                                                                                                                                                                 |                                           | II Weapon Seized<br>Enter Type       |                           | Multiple Clearance Indicator                                                                 |                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
|                  | Location of Arrest (including Name of Business)<br>1526 15th Lane, Palm Beach Gardens, FL 33410                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                      |                           | Location of Offense (Business Name, Address)<br>1526 15th Lane, Palm Beach Gardens, FL 33410 |                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
|                  | Date of Arrest<br>03.07.2016                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Time of Arrest<br>10:50                   | Booking Date<br>3/7/2016             | Booking Time              | Jail Date                                                                                    | Jail Time                                                                             | Location of Vehicle<br>N/A                                                                                                                             |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
| DEFENDANT        | Name (Last, First, Middle)<br>GUYARD, O'connor, Jean                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                      |                           |                                                                                              |                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
|                  | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                      |                           |                                                                                              |                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
|                  | Race<br>W - White<br>B - Black                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 - American Indian<br>O - Oriental/Asian | Sex<br>M<br>F                        | Date of Birth<br>05.15.75 | Height<br>5'3"                                                                               | Weight<br>220                                                                         | Eye Color<br>blue                                                                                                                                      | Hair Color<br>blonde                                                                                                                                                                                  | Complexion<br>Light                                                            | Build<br>Large                     |                                           |                                                    |                                                |                        |  |
|                  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                      |                           | Marital Status<br>Single                                                                     | Religion<br>Christian                                                                 | Indication of:<br>Alcohol Influence<br>Drug Influence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
| CO-DEF           | Local Address (Street, Apt. Number)<br>1526 15th Lane                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                      |                           | (City)<br>Palm Beach Gardens                                                                 | (State)<br>FL                                                                         | (Zip)<br>33410                                                                                                                                         | Mobile Phone<br>(407) 607-9158                                                                                                                                                                        | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br>11 |                                    |                                           |                                                    |                                                |                        |  |
|                  | Permanent Address (Street, Apt. Number)<br>1526 15th Lane                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                      |                           | (City)<br>Palm Beach Gardens                                                                 | (State)<br>FL                                                                         | (Zip)<br>33410                                                                                                                                         | Phone<br>( )                                                                                                                                                                                          | Address Source<br>License                                                      |                                    |                                           |                                                    |                                                |                        |  |
|                  | Business Address (Name, Street)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                      |                           | (City)                                                                                       | (State)                                                                               | (Zip)                                                                                                                                                  | Phone<br>( )                                                                                                                                                                                          | Occupation<br>Massage Therapist                                                |                                    |                                           |                                                    |                                                |                        |  |
|                  | D/L Number, State<br>G 610-170-15-075-0 FL                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                      |                           | INS Number                                                                                   |                                                                                       | Place of Birth (City, State)<br>GA Lakeland, FL                                                                                                        |                                                                                                                                                                                                       | Citizenship<br>US                                                              |                                    |                                           |                                                    |                                                |                        |  |
| JUVENILE         | Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                      |                           | Race                                                                                         | Sex                                                                                   | Date of Birth                                                                                                                                          | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
|                  | Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                      |                           | Race                                                                                         | Sex                                                                                   | Date of Birth                                                                                                                                          | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
|                  | Parent<br>Legal Custodian<br>Other:<br>Name (Last, First, Middle)<br>Address (Street, Apt. Number)<br>(City) (State) (Zip)<br>Notified by: (Name)<br>Date Time<br>Released To: (Name)<br>Relationship<br>Date Time                                                                                                                                                                                                                                                                 |                                           |                                      |                           | Residence Phone<br>( )<br>Business Phone<br>( )                                              |                                                                                       | Juvenile Disposition<br>1. Handled/Processed within Dept. and Released.<br>2. TOT HRS/DYS<br>3. Incarcerated                                           |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
|                  | 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 (561) 355-6511) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)<br>Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Description of Property<br>Value of Property |                                           |                                      |                           | School Attended<br>Grade                                                                     |                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
| CHARGE           | Drug Activity<br>N/A<br>Possess                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                      |                           | S. Sell<br>B. Buy<br>T. Traffic                                                              | R. Smuggle<br>D. Deliver<br>E. Use                                                    | K. Dispense/<br>Distribute                                                                                                                             | M. Manufacture/<br>Produce/<br>Cultivate                                                                                                                                                              | Z. Other                                                                       | Drug Type<br>N/A<br>A. Amphetamine | B. Barbiturate<br>C. Cocaine<br>E. Heroin | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetic | U. Unknown<br>Z. Other |  |
|                  | Charge Description<br>Simple battery - domestic                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                      |                           | Counts<br>1                                                                                  | Domestic Violence<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number<br>78.0110.3                                                                                                                  |                                                                                                                                                                                                       |                                                                                |                                    | Violation of ORD #<br>111A11              |                                                    |                                                |                        |  |
|                  | Drug Activity<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                      |                           | Drug Type<br>N                                                                               | Amount / Unit<br>0                                                                    | Offense #<br>26001215                                                                                                                                  | Warrant / Capias Number                                                                                                                                                                               |                                                                                |                                    |                                           | Bond                                               |                                                |                        |  |
|                  | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                      |                           | Counts                                                                                       | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number                                                                                                                               |                                                                                                                                                                                                       |                                                                                |                                    | Violation of ORD #                        |                                                    |                                                |                        |  |
| CHARGE           | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                      |                           | Counts                                                                                       | Domestic Violence<br><input type="checkbox"/> Y <input checked="" 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<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number                                                                                                                               |                                                                                                                                                                                                       |                                                                                |                                    | Violation of ORD #                        |                                                    |                                                |                        |  |
|                  | Drug Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                      |                           | Drug Type                                                                                    | Amount / Unit                                                                         | Offense #                                                                                                                                              | Warrant / Capias Number                                                                                                                                                                               |                                                                                |                                    |                                           | Bond                                               |                                                |                        |  |
| CHARGE           | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                      |                           | Counts                                                                                       | Domestic Violence<br><input type="checkbox"/> Y <input checked="" 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<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number                                                                                                                               |                                                                                                                                                                                                       |                                                                                |                                    | Violation of ORD #                        |                                                    |                                                |                        |  |
|                  | Drug Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                      |                           | Drug Type                                                                                    | Amount / Unit                                                                         | Offense #                                                                                                                                              | Warrant / Capias Number                                                                                                                                                                               |                                                                                |                                    |                                           | Bond                                               |                                                |                        |  |
| NOTICE TO APPEAR | Location (Court, Room Number, Address)                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                      |                           |                                                                                              |                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
|                  | Court Date and Time<br>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)<br>Date Signed                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                      |                           |                                                                                              |                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                       |                                                                                |                                    |                                           |                                                    |                                                |                        |  |
| ADMIN            | 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<br>X X X #400                                                 |                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                       | Name Verification (Printed by Arrestee)                                        |                                    |                                           |                                                    |                                                |                        |  |
|                  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                              |                                           |                                      |                           | Name of Arresting Officer (Print)<br>Myers McCray                                            |                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                       | (PRINT)                                                                        |                                    |                                           |                                                    |                                                |                        |  |
|                  | Intake Date<br>I.D. # Pouch #                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                      |                           | Transporting Officer<br>Myers McCray 490                                                     |                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                       | PAGE<br>1 OF 1                                                                 |                                    |                                           |                                                    |                                                |                        |  |

| OBTs Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                   | PROBABLE CAUSE AFFIDAVIT |                                                            | 1. Arrest<br>2. N.T.A. |                                                  | 3. Request for Warrant<br>4. Request for Capias                                                                                                                                                           |  | 1                               | JUVENILE |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------|------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|----------|------------------------------------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Agency ORI Number<br><b>FL FL0502600</b>                                                                                                                                                                                                                                          |                          | Agency Name<br><b>Palm Beach Gardens Police Department</b> |                        | Agency Report Number<br><b>7   8   26-001215</b> |                                                                                                                                                                                                           |  |                                 |          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charge Type:<br><input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____ |                          |                                                            |                        |                                                  | Special Notes:                                                                                                                                                                                            |  |                                 |          |                                    |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name (Last, First, Middle)<br><b>GUYNUP, DEANNA JEAN</b>                                                                                                                                                                                                                          |                          |                                                            |                        |                                                  | Race<br><b>W</b>                                                                                                                                                                                          |  | Sex<br><b>F</b>                 |          | Date of Birth<br><b>05/15/1975</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Alias                                                                                                                                                                                                                                                                             |                          |                                                            |                        |                                                  |                                                                                                                                                                                                           |  |                                 |          |                                    |
| C<br>H<br>A<br>R<br>G<br>E<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charge Description<br><b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>                                                                                                                                                                                                     |                          |                                                            |                        |                                                  | Charge Description                                                                                                                                                                                        |  |                                 |          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charge Description                                                                                                                                                                                                                                                                |                          |                                                            |                        |                                                  | Charge Description                                                                                                                                                                                        |  |                                 |          |                                    |
| V<br>I<br>C<br>T<br>I<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Victim's Name (Last, First, Middle)<br><b>DELONG, JEREMY RYAN</b>                                                                                                                                                                                                                 |                          |                                                            |                        |                                                  | Race<br><b>W</b>                                                                                                                                                                                          |  | Sex<br><b>M</b>                 |          | Date of Birth<br><b>12/01/1986</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Local Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                                                                                          |                          |                                                            |                        |                                                  | Phone                                                                                                                                                                                                     |  | Address Source<br><b>VERBAL</b> |          |                                    |
| P<br>R<br>O<br>B<br>A<br>B<br>L<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Business Address (Name, Street) (City) (State) (Zip)                                                                                                                                                                                                                              |                          |                                                            |                        |                                                  | Phone                                                                                                                                                                                                     |  | Occupation                      |          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ALE HOUSE, ALTON</b>                                                                                                                                                                                                                                                           |                          |                                                            |                        |                                                  |                                                                                                                                                                                                           |  |                                 |          |                                    |
| <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.</p> <p>The Person taken into custody ...</p> <p><input checked="" 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>7</u> day of <u>March</u>, <u>2026</u> at <u>12:26</u> (Specifically include facts constituting cause for arrest.)</p>                                                                                                                                        |                                                                                                                                                                                                                                                                                   |                          |                                                            |                        |                                                  |                                                                                                                                                                                                           |  |                                 |          |                                    |
| <p>On Saturday, March 7th, 2026, at approximately 1012 hours, I, Officer McCray II #490 was dispatched to 1526 15th Lane, which is located in the city of Palm Beach Gardens, in Palm Beach County, Florida, in reference to a domestic incident. My body-worn camera was also activated.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                   |                          |                                                            |                        |                                                  |                                                                                                                                                                                                           |  |                                 |          |                                    |
| <p>Upon my arrival at the residence, I could hear a male and a female in a loud verbal argument. The female was later identified by her Florida driver's license as Deanna Guynup and the male was later identified by his Florida driver's license as Jeremy Delong. I eventually made contact with both parties through the glass sliding glass door and identified myself as a law enforcement officer with the Palm Beach Gardens Police Department. I was then let inside of the residence by Guynup's grandmother later identified by her Florida driver's license as Linda Watford.</p>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                   |                          |                                                            |                        |                                                  |                                                                                                                                                                                                           |  |                                 |          |                                    |
| <p>I met with the victim Delong, who I observed to have a small laceration on his stomach, scratches on his neck, and redness on his forehead. Delong provided the following sworn statement: At 0930 hours, a verbal argument began between him and his girlfriend of one and one half years, that he currently resides with. Delong stated he wanted to leave the residence to get a job, and Guynup did not want him to utilize the electric scooter inside of the home due to the scooter being registered in her name. Delong then stated the argument escalated after he told Guynup, she was acting, "niggerish." Delong then attempted to walk up the staircase of the home when Guynup came from behind him and pulled him down by his hair. Delong also reported Guynup ripped his clothing from his body due to the fact that she had purchased them for him and he was leaving. Shortly after law enforcement arrived to the home.</p> |                                                                                                                                                                                                                                                                                   |                          |                                                            |                        |                                                  |                                                                                                                                                                                                           |  |                                 |          |                                    |
| S<br>W<br>O<br>R<br>N<br>A<br>N<br>D<br>S<br>U<br>B<br>S<br>C<br>R<br>I<br>B<br>E<br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SWORN AND SUBSCRIBED BEFORE ME<br><br><b>GLASS, MARC S</b><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)                                                                           |                          |                                                            |                        |                                                  | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><br><b>MCCRAY, MYERS II (490)</b><br>NAME OF OFFICER (PLEASE PRINT) |  |                                 |          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 03/07/2026<br>DATE                                                                                                                                                                                                                                                                |                          |                                                            |                        |                                                  | 03/07/2026<br>DATE                                                                                                                                                                                        |  |                                 |          |                                    |
| <div style="display: flex; justify-content: space-between;"> <div>COURT</div> <div>STATE ATTORNEY</div> <div>CENTRAL RECORDS</div> <div>JAIL</div> <div>CRIME ANALYSIS</div> <div>P. I. O.</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                   |                          |                                                            |                        |                                                  |                                                                                                                                                                                                           |  |                                 |          |                                    |

| OBTs Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                           | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT      |                                                                                  | 1. Arrest<br>2. N.T.A.   |                                                                                                                                        | 3. Request for Warrant<br>4. Request for Capias |                                                                            | 1        | JUVENILE          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------|----------|-------------------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Agency ORI Number                                                                                                                                                                                         | Agency Name                                 |                                                                                  | Agency Report Number     |                                                                                                                                        |                                                 |                                                                            |          |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>FL FL0502600</b>                                                                                                                                                                                       | <b>Palm Beach Gardens Police Department</b> |                                                                                  | <b>7   8   26-001215</b> |                                                                                                                                        |                                                 |                                                                            |          |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Charge Type:<br>Check as many as apply.                                                                                                                                                                   |                                             | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |                          | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor                                  |                                                 | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |          | Special Notes:    |
| D<br>E<br>F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name (Last, First, Middle)                                                                                                                                                                                |                                             |                                                                                  |                          | Alias                                                                                                                                  |                                                 | Race                                                                       | Sex      | Date of Birth     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>GUYNUP, DEANNA JEAN</b>                                                                                                                                                                                |                                             |                                                                                  |                          |                                                                                                                                        |                                                 | <b>W</b>                                                                   | <b>F</b> | <b>05/15/1975</b> |
| <p>I met with Guynup who provided the following statement: Guynup was asleep in bed, when she was awakened by Delong getting dressed and stating that he was leaving. Guynup then questioned Delong on whether he was leaving the residence or leaving the relationship. Delong then repeatedly stated I'm leaving you. Guynup then explained if you're leaving then she would be returning the electric scooter and the clothes that she recently purchased for him from Costco. Delong then verbally argued with Guynup over those items, however the argument never became physical. Guynup advised any injury on Delong might have been caused by him hurting himself fighting over the electric scooter.</p> <p>Watford was reluctant to provide a statement. The only information she provided was that there was a verbal argument and nothing ever became physical between Guynup and Delong.</p> <p>Palm Beach Gardens Fire Rescue did not respond due to the minor injuries which were on Delong's person.</p> <p>Based upon my investigation, I find Deanna Guynup to be the primary aggressor and in violation of simple battery, F.S.S. 784.03(1) (A) (1). Guynup was processed at the Palm Beach Gardens Police department and later transported to the Palm Beach County Jail for booking. Delong refused to complete a domestic violence lethality assessment. Nothing further.</p> |                                                                                                                                                                                                           |                                             |                                                                                  |                          |                                                                                                                                        |                                                 |                                                                            |          |                   |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SWORN AND SUBSCRIBED BEFORE ME<br><br><b>GLASS, MARC S</b><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) |                                             |                                                                                  |                          | <br>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER |                                                 |                                                                            |          |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>03/07/2026</b><br>DATE                                                                                                                                                                                 |                                             |                                                                                  |                          | <b>MCCRAY, MYERS II (490)</b><br>NAME OF OFFICER (PLEASE PRINT)                                                                        |                                                 |                                                                            |          |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                           |                                             |                                                                                  |                          | <b>03/07/2026</b><br>DATE                                                                                                              |                                                 |                                                                            |          |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                           |                                             |                                                                                  |                          | PAGE<br><b>2 OF 2</b>                                                                                                                  |                                                 |                                                                            |          |                   |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## 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 #: 26-001215 Agency: PBGPD  
Offense: Simple Battery  
Suspect/Offender: Deanna Gwynup  
D.O.B. 05/15/1975 Race: W Sex: F
2. Warrant #(s): \_\_\_\_\_
3. Complete one (1) of the following:
  - a. Victim's name: Jeremy DeLong  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ 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: [Signature]  
Printed name of person waiving notification: Jeremy DeLong

Officer's Name: Officer McIny I.D.: 490 Date: 03/07/2026

White-Warrants Division

Yellow-Corrections or State Attorney (Warrant Application)

Pink-Central Records

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

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



# 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"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
| Other                                          | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |
|                                                | <input type="checkbox"/>            |                                      |                                                                                                                                                                                                                                                                                                          |                |

REVIEW COMPLETED BY

|                            |                                     |
|----------------------------|-------------------------------------|
| Booking Number: 2026006254 | Date: 3/8/2026                      |
|                            | Specialist Name/ID#: T. Howard/7185 |