

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

Juvenile

1

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO: 51000000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 061-25085280	
	Charge Type Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		If Weapon Seized Enter Type N/A		Multiple Clearance Indicator 1	
	Location of Arrest (including Name of Business)				Location of Offense (Business Name, Address)			
	Date of Arrest 08/05/2025		Time of Arrest 21:38		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) Gluvna, Devin, Rachelle				Alias (Name, DOB, Soc Sec #, Etc.)			
	Race W - White R - Black		Sex W F		Date of Birth 9/18/1988		Height 5'04	
	Weight 110		Eye Color Brown		Hair Color Black		Complexion Light	
	Build Small		Mental Status Single		Religion PROTESTANTISM		Indication of: Alcohol Influence Drug Influence	
CO-DEF	Local Address (Street, Apt. Number) (City) (State) (Zip)				Mobile Phone (561) 878-1365		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone ()		Address Source Verbal	
	Business Address (Name, Street) (City) (State) (Zip)				Phone ()		Occupation Nurse	
	D/L Number, State G216650011000, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Coral Springs, Florida	
JUVENILE	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth	
	Parent Legal Custodian Other:		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()	
	Address (Street, Apt. Number) (City) (State) (Zip)		Notified by: (Name) (City) (State) (Zip)		Date ()		Time ()	
CHARGE	Charge Description Battery (Domestic)		Counts 1		Domestic Violence ☒ Y ☐ N		Statute Violation Number 784.03(1A1)	
	Drug Activity N		Drug Type N		Amount / Unit		Offense # 25085280	
	Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
NOTICE TO APPEAR	Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
ADMIN	Location (Court, Room Number, Address)		Court Date and Time Month Day Year Time A.M. P.M.		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed	
	I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.		Signature of Arresting Officer D/S T. Kearney		Name Verification (Printed by Arrestee) DUG 6 AM 1:08		PAGE 1 OF 1	
	HOLD for other agency ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:		Name of Arresting Officer (Print) D/S T. Kearney		I.D. # 46664		Agency PBSO	
	Witness Deputy D/S T. Kearney		I.D. # 3066		Pouch # 46664		Witness here if subject signed with an "X"	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 25085280				
Charge Type Check as many as apply ☐ 1 Felony ☒ 2 Traffic Felony		☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor		☐ 5 Ordinance ☐ 6 Other		Special Notes		
Name (Last, First, Middle) Gluvna, Devin, Rachelle		Alias		Race W	Sex F	Date of Birth 9/18/1988		
Charge Description Battery (Domestic)		784.03(1A1)		Charge Description				
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) Bowerman, James, G				Race W	Sex M	Date of Birth		
Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone	Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Verbal Occupation		

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.

☐ The Person taken into custody:

☐ committed the below acts in my presence.

☐ confessed to admitting to the below facts.

☐ was observed by _____ who told that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 5 day of August 20 25 at 20:50 ☐ A.M ☒ P.M. (Specifically include facts constituting cause for arrest.)

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

On Tuesday, August 5, 2025, I responded to [REDACTED] in regards to a domestic disturbance. The caller stated a white female, later identified as Devin Gluvna, said she wanted to be killed. When Palm Beach Sheriff Deputies arrived, they made contact with Ms. Gluvna who was sitting inside the driver seat a Jeep.

I made contact with Ms. Gluvna's boyfriend, James Bowerman, who had a blood drop above his top lip and on his chin. Mr. Bowerman stated when he returned home from work, he walked into his bedroom. Mr. Bowerman advised he was pushed from his back and noticed Ms. Gluvna entering the room and closing the door. Mr. Bowerman stated Ms. Gluvna started yelling at him about a post that he put on Instagram about being a single dad. Mr. Bowerman explained that Ms. Gluvna was screaming in his face that he held up a T-Shirt because he could feel her spit. Ms. Gluvna began hitting Mr. Bowerman on his face with open/close hands. Mr. Bowerman nose began to bleed, which took a photo of the blood drop on the ground before he cleaned it up.

Mr. Bowerman stated Ms. Gluvna drink a lot of Kirkland Vodka from a big bottle that he threw in the trash. I took photos of the bottle and Mr. Bowerman showed me the estimate amount of alcohol that was inside the bottle prior to Ms. Gluvna drinking most of it.

When I made contact with Ms. Gluvna, she was very intoxicated and stated "I need help".

Based on the statement by Mr. Bowerman and the injury he obtained. I find probable cause exist to find Ms. Devin Gluvna in violation of F.S.S. 784.03 (1)(a)(1), Battery Domestic related. I took custody of Ms. Gluvna who was placed in handcuffs that were double locked and checked for proper tightness and transported her to the J.F.K. North Hospital for medical clearance. She was later transported to the Palm Beach County Jail.

STATE OF FLORIDA COUNTY OF PALM BEACH	D/S T. Kearney	
(Signature of Arresting/Investigative Officer)		
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>5</u> day of <u>August</u> 20 <u>25</u> by <u>D/S T. Kearney</u>		
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Law Enforcement Officer</u>		
D/S Sanchez		
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		

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

Suspect: Gluvna, Devin, Rachelle

DOB: 9/18/1988

Case #: 25085280

Victim: [REDACTED]

DOB: [REDACTED]

Race: W **Sex:** M

Relationship between Victim and Defendant: Boyfriend/Girlfriend

Photographs: Scene ☒ Yes ☐ No

Victim ☒ Yes ☐ No

Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No

Caller: Neighbor

Weapon Used: ☐ Yes ☒ No

Type: _____

Witness: ☐ Yes ☒ No

Name: _____

Victim Pregnant: ☐ Yes ☒ No

If yes, _____ weeks _____ months

Injuries: ☒ Yes ☐ No

Description: Inside nose

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No

Paramedics: _____

At Hospital: ☐ Yes ☒ No

Hospital: _____

Physician: _____

Are Children Living in Home? ☐ Yes ☒ No

DCF Notified?

☐ Yes ☒ No

Name: Karina Bowerman

DOB: [REDACTED]

Name: _____

DOB: ____/____/____

Name: _____

DOB: ____/____/____

Injunction ☐ Yes ☒ No

Case #: _____

No Contact Order ☐ Yes ☒ No

Case #: _____

Alcohol or Drugs ☒ Yes ☐ No ☐ Unknown

Prior History of Domestic/Dating Violence ☒ Yes ☐ No

Defendant's Statements ☒ Yes ☐ No **If yes,** ☐ written

☒ recorded

☐ oral

First words Defendant said when you responded to scene: On BWC

Victim's Statements ☒ Yes ☐ No **If yes,** ☐ written

☒ recorded

☐ oral

First words Victim said when you responded to scene: On BWC

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☒ No **If yes, name:** _____ **phone** (____) ____ - ____

Observations of Victim (Physical & Emotional): _____

☐ Upset ☐ Crying ☐ Fearful ☐ Hysterical

☐ Afraid

☒ Calm

☐ Nervous

☐ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: [REDACTED]

Phone: **Home** [REDACTED]

Work (____) ____ - ____

Cell (____) ____ - ____

Employer: _____

Name of Relative: _____

Phone (____) ____ - ____

Address: _____



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☒	Fl. Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	1-5
	☐	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2025020785	Date: 8/6/2025
	Specialist Name/ID#: C.Daniels 30347