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Marsy's Law CVI FL Const. Art. I § 18(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 Copies

Juvenile

ADMINISTRATIVE	OBS Number		Agency ORI Number FLO: 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 - 24051119															
	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		Multiple Clearance Indicator 01															
	Location of Arrest (Including Name of Business) HAVERHILL RD / GUN CLUB RD, WEST PALM BEACH, FL 33415				Location of Offense (Business Name, Address) HAVERHILL RD / GUN CLUB RD, WEST PALM BEACH, FL 33415																	
DEFENDANT	Date of Arrest 04/08/2024		Time of Arrest 16:10		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) SCHWARTZ ELISA ANN																					
	Alias (Name, DOB, Soc. Sec. #, Etc.)																					
	Race W - White B - Black I - American Indian O - Oriental/Asian W		Sex F		Date of Birth 06/30/1982		Height 5'06		Weight 133		Eye Color Hazel		Hair Color Black		Complexion Light		Build Medium					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE																					
	Local Address (Street, Apt. Number) 273 Quadriple Plaza Dr Apt 209		(City) WEST PALM BEACH		(State) FL		(Zip) 33401		Mobile Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source									
	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ()		Occupation											
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()													
	D/L Number, State S63220182730 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) East Brunswick, NJ		Citizenship US													
	CO-DEF	Co-Defendant (Last, First, Middle)																				
Co-Defendant (Last, First, Middle)																						
JUVENILE	☐ Parent ☐ Legal Custodian Other:		Name (Last)		(First)		(Middle)		Residence Phone ()													
	Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ()													
	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/OYS 3. Incarcerated															
	Released to: (Name)		Relationship		Date		Time															
	The above address was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-8511) informed of any change of address.																					
	☐ Yes, by: (Name)		☐ No (Reason)		School Attended		Grade															
	Property Crime? ☐ Yes ☐ No		Description of Property		Value of Property																	
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Snuff D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Gather		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description Simple Battery - Domestic		Counts		Domestic ☒ Y ☐ N		Statute Violation Number 784.03(1)(a)(1)		Violation of ORD #													
	Drug Activity		Drug Type		Amount / Unit		Offense # 24051119		Warrant / Copies Number		Bond NONE											
CHARGE	Charge Description		Counts		Domestic ☒ Y ☐ N		Statute Violation Number		Violation of ORD #													
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Copies Number		Bond											
	Charge Description		Counts		Domestic ☒ Y ☐ N		Statute Violation Number		Violation of ORD #													
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Copies Number		Bond											
CHARGE	Charge Description		Counts		Domestic ☒ Y ☐ N		Statute Violation Number		Violation of ORD #													
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Copies Number		Bond											
	Charge Description		Counts		Domestic ☒ Y ☐ N		Statute Violation Number		Violation of ORD #													
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Copies Number		Bond											
NOTICE TO APPEAR	Location (Court, Room Number, Address) 24 APR 9 AM 6:18																					
	Court Date and Time Month Day Year Time A.M. PM																					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED																						
Signature of Defendant (or Juvenile and Parent/Custodian)																						
Date Signed																						
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.																						
ADMIN	HOLD for other agency		Signature of Arresting Officer x E. Russell		Name Verification (Print) E. RUSSELL		I.D. # 30525		Agency PBSO		Witness here if subject signed with an "X"											
	☐ Dangerous ☐ Substantive		☐ Related Arrest ☐ Other		Initials 8/1/20		Fouch #															
	NO DETAINERS																					

FILED PBC - GUN CLUB
24 APR 9 AM 6:18

SCANNED
APR 09 2024

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Copies		1		Juvenile	
ADMIN	Agency ORI Number FLO 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 24051119					
	Charge Type Check as many as apply ☒ 1 Felony ☐ 2 Traffic Felony		☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor		☐ 5 Ordinance ☐ 6 Other		Special Notes				
CHARGES	Name (Last, First, Middle) SCHWARTZ ELISA		Alias ANN		Race W		Sex F		Date of Birth 06/30/1982		
	Charge Description 784.03(1)(a)		Charge Description		Charge Description		Charge Description				
	Charge Description		Charge Description		Charge Description		Charge Description				
VICTIM	Victim's Name (Last, First, Middle) ALIPOUR BAHRAM		Race W		Sex M		Date of Birth 02/08/1983				
	Local Address (Street, Apt Number) 10800 Wishire Blvd		(City) Los Angeles		(State) CA		(Zip) 90024		Phone (310) 402-9252		Address Source VICTIM
	Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()		Phone ()		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 _____ 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 8th day of April, 2024 at 16:10 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.) ☐ Marry's Law CVI FL Const. Art.1 § 18(b) On April 8, 2024 at approximately 14:56 hours, I responded to the Haverhill Rd / Gun Club Rd in unincorporated West Palm Beach, Palm Beach County Florida in reference to domestic battery. Upon my arrival I met and spoke with Bahram Alipor W/F 02/08/1983 who stated that he and his girlfriend Elisa Schwartz 06/30/1982 had an argument while driving on Haverhill Rd just north of Gun Club Rd in unincorporated West Palm Beach, Palm Beach County Florida and Ms. Schwartz repeatedly hit Mr. Alipor in the face while the vehicle was in transport and while being driven Ms. Schwartz. Ms. Schwartz is a Youtuber and was live streaming while the battery occurred. I n the video Ms. Schwartz is observed striking Mr. Alipor in the face 2 times and then after the third strike Mr. Alipor grabs Ms. Schwartz by the hair and forces her to pull the car to the side of the road by pulling Ms. Schwartz's hair and forcing her head down. Once the vehicle is stopped Ms. Schwartz is observed exiting the vehicle. I observed a small scratch on the right side of Mr. Alipor face near his temple which did not require any medical treatment. I did not observe any visible injuries on Ms. Schwartz. Based on my investigation and the victim's statements I find that probable cause exists to arrest Elisa Schwartz for Simple Domestic Battery for repeatedly striking Mr. Alipor in the face face causing a small scratch on the left side of his face which did not require medical treatment.											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) <i>E. Russell</i> The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of April, 2024 by E. RUSSELL (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN J. Feaselman #43396 <i>J. Feaselman</i> Notary Public, Clerk of Court, Officer (F.S.S.) 117.1(b)										
	PAGE 1 OF 1										
	NOT A										

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

Name (Last, First, Middle)
Suspect: SCHWARTZ ELISA ANN **DOB:** 06/30/1982 **Case #:** 24051119

Name (Last, First)
Victim: ALIPOUR BAHRAM **DOB:** 02/08/1983 **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

Photographs: Scene ☐ Yes ☒ No

Victim ☒ Yes ☒ No

Defendant ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No **Caller:** _____

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

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

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

Injuries: ☒ Yes ☐ No **Description:** MINOR

Medical Treatment: ☒ Yes ☐ No

At Scene: ☒ Yes ☐ No **Paramedics:** PBLFR

At Hospital: ☐ Yes ☒ No **Hospital:** _____ **Doctor:** _____

Are Children Living in Home? ☐ Yes ☒ No **DCF Notified?** ☐ Yes ☒ No

Name: _____ **DOB:** _____

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: _____

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

First words Victim said when you responded to scene: _____

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

☐ Yes ☒ No **If yes, name:** _____ **phone:** _____

Observations of Victim (Physical & Emotional) _____

Upset **Crying** **Fearful** **Hysterical** **Afraid** **Calm** **Nervous**
Complained of pain **Other**

Victim Contact Information: (Last) ALIPOUR (First) BAHRAM

Local Address: 10800 Wilshire Blvd Los Angeles CA 90024

Phone: 310 402-9252

Employer: _____ (Employer Address) _____

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

Address: _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (F.S. 784.048)
- **Dating Violence**
- **Domestic Violence** - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 24051119 Agency: PBSO
Offense: Battery Domestic Violence
Suspect/Offender: Elisa Schwartz
D.O.B. 06/30/1982 Race: W Sex: F
2. Warrant #(s): _____
- 3.a. Victim's name: Bahram Alipour D.O.B. 02/08/1983 Race: W Sex: M
Address: 13461 Northumberland Ci
City: Wellington State: FL Zip: 33414
Home #: 310-402-9252 Work #: _____ Other: _____
- b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- ☐ **Waiver:** I choose not to be notified when the arrestee is released from custody.
- ☐ **Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S Russell I.D. # 30525 Date: 04/08/2024

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:



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)	
	☐	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: 2024009422	Date: 4/9/2024
	Specialist Name/ID#: ANGELA PINKNEY/7796