

0567893

50-2026-MM-004014 AMB

753

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

ADMINISTRATIVE		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2 N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile ☒ N													
OBTS Number:		Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A. s only) 7.81.12.61.10.0.2.53.011.11															
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																	
Location of Arrest (including Name of Business) 10500 N. Military Trl. PBG 3340		Location of Offense (Business Name, Address) 2809 Amalei Dr 108 PBG FL 33410		Date of Arrest 05/17/2026		Time of Arrest 0439		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle 10500 N. Military Trl. PBG FL 33410					
Name (Last, First, Middle) Bishop, Emma, Grace		Date of Birth 01-14-2002		Sex F		Height 5'6"		Weight 135 lbs		Eye Color Brown		Hair Color Brown		Complexion Fair		Build Small					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Butterfly Right Wrist, Butterfly on Stomach, Kneebush Butterfly, Line on Left Arm		Marital Status M		Religion Catholic		Indication of Alcohol Influence Y ☐ N ☒ Unk ☐															
Local Address (Street, Apt. Number) 2809 Amalei DR Apt 108; Palm Beach Gardens 3340		(City) Palm Beach Gardens		(State) FL		(Zip) 3340		Mobile Phone 995 1846		Residence Type: 1. City 2. County 3. Florida 4. Out of State		13									
Permanent Address (Street, Apt. Number) 2809 Amalei DR Apt 108; Palm Beach Gardens 3340		(City) Palm Beach Gardens		(State) FL		(Zip) 3340		Phone ()		Address Source											
Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation Marketing											
D/L Number, State B22 216 24 900 0		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) Montreal, Canada		Citizenship Canada													
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile											
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile											
☐ Parent ☐ Legal Custodian ☐ Other		Name (Last) (First) (Middle)		Residence Phone ()																	
Address (Street, Apt. Number) ()		(City) (State)		VICTIM NOTIFICATION REQUIRED																	
Notified by: (Name) ()		Date ()		Time ()		Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. Transferred to 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) 355-6511) 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/A		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N/A		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description Battery - Simple		Counts 1		Domestic Violence ☒ Y ☐ N		Statute Violation Number 7.84.10.3		Violation of ORD # ()													
Drug Activity N/A		Drug Type N/A		Amount / Unit N/A		Offense # ()		Warrant / Capias Number ()		Bond ()											
Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Location (Court, Room Number, Address)																					
Court Date and Time																					
Month		Day		Year		Time		A.M.		P.M.											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
Signature of Defendant (or Juvenile and Parent/Custodian)																					
Date Signed																					
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																					
HOLD for other agency		Signature of Arresting Officer ()		Name Verification (Printed by Arrestee) MAY 17 7:28																	
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) S. Berge 583		(PRINT)															
Intake Deputy CPI Aoncal 720		I.D. # ()		Pouch # ()		Transferring Officer ()		Agency PBG		Witness here if subject signed with an "X"											
PBG #0118 REV. 10/22		DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - JUVENILE		PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)											

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 26-002530					
	Charge Type: Check as many as apply. ☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other					Special Notes:				
D E F	Name (Last, First, Middle) KALIAN, MICHAEL ANTHONY				Race W		Sex M		Date of Birth 08/27/2001	
	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)									
C H A R G E S	Charge Description									
	Charge Description									
V I C T I M	Victim's Name (Last, First, Middle) KALIAN, MICHAEL ANTHONY				Race W		Sex M		Date of Birth 08/27/2001	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 2809 AMALEI DR 108, PALM BEACH GARDENS, FL 33410				Phone (201) 214-3311		Address Source			
B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation			
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... ☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>17</u> day of <u>May</u>, <u>2026</u> at <u>06:12</u> (Specifically include facts constituting cause for arrest.)										
On Sunday, May 17, 2026, at approximately 3:58 a.m., I, Ofc. J. Berge ID# 583 was dispatched to Palm Beach Gardens Police Department at 10500 N. Military Trail, in the City of Palm Beach Gardens, Palm Beach County, FL, in reference to a delayed domestic battery that took place at 2809-108 Amalei Dr. My department issued body-worn-camera was utilized on this call. Upon arriving at the police department, I was met there by Michael A. Kalian (W/M, 08/27/2001). The following is a summary of his sworn statement: Kalian advised that he returned home from eating out at restaurant with his wife, Emma G. Bishop (W/F, 01/14/2002) where they had been arguing for the majority of their dinner. Kalian went onto state that Bishop left the house irate and frustrated with him because past incidents that possibly involved infidelity. When Bishop returned home, she went to the room where Kalian was attempting to rest and immediately initiated a physical altercation with him. Kalian attempted to deescalate the situation by wrapping her up in his arms to avoid hurting her or her hurting him. During the altercation Kalian was scratched, bitten and even elbowed above his left eye that left him with a laceration that required about 6 stitches. It should be noted that he also had a visible bite mark on his right shoulder, a deep scratch on the right side of his neck and multiple scratches throughout his body. Kalian advised that once he felt the initial elbow strike the altercation came to halt and Bishop attempted to assist him in treating the injury. Due to the fact that Kalian required stitches he transported himself to Gardens Medical Center to receive medical attention for his laceration. At this point Bishop, had made her way to the police department where we made contact with her. Officer T. Bologna ID# 616 read Bishop her Miranda Rights from a department issued prepared text. Bishop's statement post Miranda admitted to being the one that initiated the altercation. It should be noted that Bishop had no visible physical injuries. Bishop subsequently was arrested for domestic battery.										
S W O R N	SWORN AND SUBSCRIBED BEFORE ME  LUCIANO, ANTHONY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>05/17/2026</u> DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  BERGE, JORGE (583) NAME OF OFFICER (PLEASE PRINT) <u>05/17/2026</u> DATE					
					PAGE 1 OF 2					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

A D M I N D E F P R O B A B L E C A U S E S T A T E M E N T A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE	
	Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 26-002530					
	Charge Type: Check as many as apply. ☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other						Special Notes:			
	Name (Last, First, Middle) KALIAN, MICHAEL ANTHONY						Alias		Race W	Sex M
Based on my investigation I find probable cause to charge Emma G. Bishop with Simple Battery pursuant to FSS 784.03(1)(A)(1).										
SWORN AND SUBSCRIBED BEFORE ME <u>LUCIANO, ANTHONY</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>05/17/2026</u> DATE SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>BERGE, JORGE (583)</u> NAME OF OFFICER (PLEASE PRINT) <u>05/17/2026</u> DATE										
								PAGE 2 OF 2		

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 #: 26002530 Agency: PBSPD
Offense: Domestic Assault
Suspect/Offender: Emma G. Bishop
D.O.B. 01-14-2002 Race: W Sex: F
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Michael A. Kallan
Address: 2809-108 Amalei Dr
City: PBG State: FL Zip: _____
Home #: 201-214-3311 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: _____

Printed name of person waiving notification: _____

Officer's Name: J. Berge I.D.: 583 Date: 5-17-2006

White-Warrants Division

Yellow-Corrections or State Attorney (Warrant Application)

Pink-Central Records

PBSPD FORM-054

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	☐	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	☐			
	☐			
	☐	817.568	Criminal use of personal identification information. (INMATE PIN NUMBERS)	
	☐	415.107 (1)	ELDERLY NEGLECT ABUSE	

REVIEW COMPLETED BY

Booking Number: 2026012915	Date: 5/18/2026
	Specialist Name/ID#: MTools #8557