

0566722

50.2025-MM-007418AMB

3/19

☐ Marsy's Law CVI FL Const. Art. I § 16(b)ARREST / NOTICE TO APPEAR
Juvenile Referral Report☐ Check if Supplement is Attached1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for CapiasJuvenile ☐ N

OBTS Number		Agency ORI Number FLO: 5 : 0 : 0 : 0 : 0 : 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 16 1-25-088838															
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 01													
Location of Arrest (including Name of Business)				Location of Offense (Business Name, Address)																	
Date of Arrest 08/18/25		Time of Arrest 1046		Booking Date 08/18/25		Booking Time		Jail Date Jail Time		Location of Vehicle											
Name (Last, First, Middle) Parisotto				Alias (Name, DOB, Soc. Sec. #, Etc.) Ernanda																	
Race W - White B - Black		1 - American Indian O - Oriental/Asian		Sex W F		Date of Birth 05/08/1978		Height 5'01		Weight 120		Eye Color BRN		Hair Color BRN		Complexion MED		Build SMALL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status Married		Religion Christianity		Indication of: Alcohol Intoxication Drug Intoxication Y ☐ N ☐ Unk ☐							
Local Address (Street, Apt. Number)				(City)		(State)		(Zip)		Mobile Phone 617-839-0030		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2									
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source FL DL									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation Accountant									
D/L Number, State P623216786680, FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) Eitoria, Brazil		Citizenship USA											
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)		(Zip)		Business Phone											
Notified by: (Name)				Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 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. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		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 01		Domestic Violence ☒ Y ☐ N		Statute Violation Number 784.03(1a1)				Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit		Offense # 25-088838		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)										FILED PBC - GUN CLUB 25 AUG 19 AM 10:00											
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 08/18/25											
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 X				Name Verification (Printed by Arrestee) AUG 18 PM 12:33													
☐ Dangerous ☐ Suicidal Intake Report				Name of Arresting Officer (Print) ID #				(PRINT)													
Transporting Officer ID #				Agency PBSO				Witness here if subject signed with an "X"													
PAGE 1 OF 1																					

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
ADMIN	OBTS Number										
	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06- 25-088838					
DEF	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) Parisotto Ernanda	Alias				Race W		Sex F		Date of Birth 05/08/1978	
CHARGES	Simple Battery (Domestic)		784.03(1a1)								
VICTIM	Victim's Name (Last, First, Middle) Parisotto Marcel				Race W		Sex M		Date of Birth [REDACTED]		
	Local Address (Street, Apt. Number) (City) (State) (zip)				Phone		Address Source VERBAL				
	Business Address (Name, Street) (City) (State) (zip)				Phone		Occupation				
PROBABLE CAUSE STATEMENT	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>18</u> day of <u>August</u> 20 <u>25</u> at <u>0951</u> ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)										
	☐ Marsy's Law CVI FL. Const. Art 1 § 16(b)										
	On August 18th, 2025 at approximately 09:51 hours, I responded to [REDACTED] unincorporated [REDACTED] regarding a reported domestic disturbance involving physical altercation and property damage. Upon arrival, I made contact with Mr. Marcel Parisotto, who identified himself as the complainant/victim. He stated that his ex-wife, Ms. Ernanda Parisotto, had come over to his residence and caused damage to his property while also inflicting minor injuries upon him. Mr. Parisotto explained in a sworn audio/video recorded statement captured on body worn camera that he and Ms. Parisotto had been married for 22 years and were currently undergoing a divorce but still married. He mentioned that he had moved out of their shared home two months prior and had been residing at the current location since. At approximately 07:25 hours on the same day, Ms. Parisotto arrived at his apartment, knocked on the door, and entered after he opened it. Mr. Parisotto allowed her entry. Mr. Parisotto reported that during the encounter, Ms. Parisotto accused him of having another woman in the apartment. He denied the accusation, stating that he had been alone until his girlfriend arrived later. According to Mr. Parisotto, Ms. Parisotto became enraged, began scratching him, and subsequently damaged items in the kitchen. He indicated that she scratched his neck and stomach, leaving visible marks, which I photographed and uploaded to Evidence.com. Mr. Parisotto affirmed the attack was unwanted and against his will. I observed four finger nail indentations on the left side of his neck and a long red scratch down his abdomen. He refused EMS. He also noted that she broke several plates and the olive oil glass bottle. The whole kitchen had broken ceramic pieces and spilled olive oil all over the floor. Ms. Parisotto reportedly left the premises shortly after causing the damage, and Mr. Parisotto did not observe any further incidents. Mr. Parisotto confirmed that he did not require medical attention for his injuries and declined assistance from paramedics. I then reached Ms. Parisotto via telephone and requested she return to the scene. She returned about 10 minutes later. I read her Miranda Warnings and she continued speaking to me of her own accord. She stated she was at the residence this morning when the two engaged in a heated altercation about Mr. Parisotto's mistress. She then admitted to breaking several plates and causing the disarray in the kitchen. She denied the altercation ever got physical. Based on the provided sworn statement and present injuries at the time of my investigation, I had sufficient probable cause to charge Ernanda Parisotto with simple domestic battery pursuant to FSS 784.03(1A1)										
	STATE OF FLORIDA COUNTY OF PALM BEACH										
	(Signature of Arresting/Investigative Officer) _____ (ID #) _____										
	The foregoing statement was sworn to or affirmed and subscribed before me this <u>18</u> day of <u>August</u> 20 <u>25</u> by _____										
	(Print name of Arresting/Investigative Officer), who is personally known to me and who produced identification Type of identification produced <u>KNOWN</u> <u>LEO</u>										
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										
	ADMINISTRATIVE	PAGE 1 OF 1									

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: Parisotto

Ernanda

DOB: 05/08/1978

Case #: 25-088838

Name (Last, First)

Victim: Parisotto

Marcel

DOB: [REDACTED]

Race: W

Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No **Caller:** Parisotto Marcel

Weapon Used: ☒ Yes ☐ No **Type:** Hands/Fists/Feet

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

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

Injuries: ☒ Yes ☐ No **Description:** Nail indentations, abdomen scratch

Medical Treatment: Yes ☒ No

At Scene: Yes ☒ No

Paramedics: _____

At Hospital: Yes ☒ No

Hospital: _____

Doctor: _____

Are Children Living in Home? Yes ☒ No

DCF Notified? Yes ☒ No

Name: _____ **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) Parisotto (first) Marcel

Local Address: _____

Phone: [REDACTED]

Employer: (Name) _____

(Employer Address) _____

Name of Relative: (Last) _____

(First) _____

Phone: _____

Address: _____

PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)		Date: <u>8/18/25</u>	Time: <u>1017</u>	Case #: <u>25-088838</u>
CASE INFORMATION FORM				
CHECK ONE: ☒ PERSON CRIME ☐ PROPERTY CRIME ☐ DOMESTIC - NON-CRIME CASE ☐ OTHER - NON-CRIME CASE				
Deputy: <u>A. Leal</u>	ID#: <u>30105</u>	Dist./Div.: <u>7/RP</u>	Phone: <u>561 688 3000</u>	Case Type/Offense/Crime (do not use signal code): <u>Domestic Battery</u>
☒ Victim ☐ Witness • Name (Last, First, M.): <u>Parisotto, Marcel</u>	Race: <u>W</u> Sex: <u>M</u>	D.O.B.: [REDACTED]	Phone: [REDACTED]	
Victim/Witness Address: [REDACTED]	City/State/Zip: [REDACTED]			
DEPUTY TO VERIFY AND CHECK APPLICABLE BOX(ES) - VICTIM/WITNESS TO INITIAL APPLICABLE SECTIONS - WRITE LEGIBLY				
A ☒ VICTIM / WITNESS RIGHTS BROCHURE - ACKNOWLEDGEMENT				
BROCHURE TO BE PROVIDED TO ALL CRIME VICTIMS AND/OR WITNESSES (PBSO #0147)				
I, [Initials <u>MP</u>], have received a copy of the Victim Rights Brochure and/or acknowledge I can view electronically via www.pbso.org .				
B ☒ VICTIM NOTIFICATION (V.I.N.E.) - FOR CORRECTIONS TO CONTACT VICTIM UPON JAIL RELEASE				
REQUIRED IF ARREST OR WARRANT FOR HOMICIDE, ATTEMPTED MURDER, SEXUAL OFFENSES, ATTEMPTED SEXUAL OFFENSES, STALKING, DOMESTIC/DATING VIOLENCE - TO INCLUDE ANY ASSAULT, AGG. ASSAULT, BATTERY, AGG. BATTERY, SEXUAL ASSAULT, SEXUAL BATTERY, STALKING, AGG. STALKING, VIOLATION OF NCO OR INJUNCTION, 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.				
Suspect Name (Last, First, M.): <u>Parisotto, Ernando</u>		Race: <u>W</u>	Sex: <u>F</u>	D.O.B.: <u>05/08/1978</u>
I understand that I may be notified when the arrestee is released from PBSO custody at the phone number I provided above. I request the following person be notified if I was not contacted (optional):				
Name: _____		Address: _____		Primary Phone: _____
(Next of Kin/Neighbor/Friend/etc.)				
(optional) I choose NOT to be notified when the arrestee is released from custody. [Initial _____]				
Deputy to check one: () ARREST or () WARRANT # _____				
C ☒ MARSY'S LAW - CONFIDENTIAL VICTIM INFORMATION - FL Constitution, Article 1, §16(b)				
CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER				
I, [Initials <u>MS</u>], request confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below: As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number and work and business addresses of me and my family be redacted from my records <u>indefinitely</u> , if my records are requested pursuant to a public records request.				
D ☐ CONFIDENTIAL VICTIM INFORMATION - FS 960 - ONLY APPLIES TO SPECIFIC CRIMES LISTED BELOW				
CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER				
I, [Initials _____], as a victim (or spouse/former spouse) of Harassment (FSS 784.048(1)(a)) , Sexual Battery, Aggravated Child Abuse, Domestic Violence (live together, lived together or have a child in common), Aggravated Stalking (FSS 784.048 (3)(4)) , or Aggravated Battery (FSS 784.045) , I do hereby request that my home and employment telephone number, home and employment address and personal assets be redacted from my records requested pursuant to public records request for a period of <u>five (5) years</u> from the date noted on this form.				
E ☐ AUTHORIZED RECORD EXEMPTION(S) - PUBLIC RECORDS ACT - FS 119.071(4)(d) - VERIFY EMPLOYMENT				
CRIME OR NON CRIME REPORT - MUST FIT THE CRITERIA DESCRIBED				
I, [Initials _____], attest that I am an individual exempt under FS 119.071(4)(d) (to include a spouse or child of), a current or former Law Enforcement Officer, Firefighter, Justice or Judge, General Magistrate, Code Enforcement Officer, Child Enforcement Hearing Officer, State Attorney, Public Defender, U.S. Attorney, U.S. Judge, U.S. Magistrate , or other authorized person and hereby request my information be redacted from public record.				
CURRENT or FORMER exempt position: _____ Name of current or last agency: _____				
SIGN BELOW				
I have read and initialed the applicable section(s) and sign of my own free will (if a minor, a parent or guardian must sign):				
MY SIGNATURE: <u>X</u>		Date: <u>8/18/25</u>		
Deputy Signature: [REDACTED]		ID#: [REDACTED]		
[REDACTED]		[REDACTED]		
Print Parent/Guardian/Next of Kin name (if applicable): _____				
If Criminal Case or Domestic - Non-Crime: _____				
Scanned to Victim Advocate by ID#: _____				

WHITE - CENTRAL RECORDS

YELLOW - CORRECTIONS (if arrest)

PINK - VICTIM/WITNESS



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: 2025022105	Date: 8/19/2025
	Specialist Name/ID#: T. Howard/7185