50-2024-mm-000531 AMB

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b) 05465506

☐ Check # 1124 Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO: 5 0 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 24026961

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)		Location of Offense (Business Name, Address)	
5924 Ellis Hallow Rd W	Lake Worth FL 33463	5924 Ellis Hallow Rd W	Lake Worth FL 33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/20/24	1725					

DEFENDANT

Name (Last, First, Middle): Kaplan-Silbert Fran Sherri — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	04/28/1963	5'04	135	Brn	Brn	FAIR	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Divorced — Religion: None

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Mobile Phone
9119 Boca Gardens Cir S Apt B	Boca Raton, FL 33496			305-632-5744

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K145257636481, FL	[redacted]		Long Island NY	USA

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

DOMESTIC VICTIM NOTIFICATION REQUIRED

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

Marsy's Law

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

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Simple Battery (Domestic)	1	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			24026961		NO BOND

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

FILED PBC - GUN CLUB
'24 JAN 21 AM 5:57

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: 01/20/24

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer

Name of Arresting Officer (Print): D/S S Rosenfeld — I.D. #: 28288

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy — I.D. # — Pouch #

Transporting Officer — I.D. # — Agency: Hauschildt 27829 PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

OBTS Number

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

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 24026961

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Kaplan-Silbert Fran Sherri		W	F	04/28/1963

CHARGES

Simple Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Silbert Bella Felice	W	F	11/06/2002

[redacted]

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.
☐ 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 commited the below acts, resulting from my (described) investigation.

On the 20 day of January 2024 at 1700 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On January 20, 2024, at approximately 1700 hours, I responded to [redacted] within incorporated Lake Worth, in Palm Beach County Florida, in reference to a domestic altercation.

Upon my arrival I made contact with the caller Fran Kaplan-Silbert, she stated that she was bringing her daughter home from work. While at work there was an altercation that took place between her daughter Bella Silbert and Bella's uncle. Fran stated that when they arrived home she took the Bella's items from the vehicle which included a diaper bag and her grandchild. Bella took the grandchild from her, Fran stated that Bella was recording on her phone what was going on. Fran then made the statement that she walked up to Bella and hit the phone out of her hand. She stated the phone fell and Bella came after her asking if she wanted to fight. Fran stated that Bella then hit her, she got in her vehicle and Bella began hitting the vehicle. She then pulled down the street to meet with law enforcement.

I made contact with Bella and she provided gave me a statement on my body warn camera that was almost identical to her mother's account of the altercation. Bella then showed me the video on her phone where her mother hits her hand knocking the phone from her hand. I did not see the child in her arms at the time but she did say several times to her boyfriend to take the child from her and articulated on the video what was going on. Bella did state that she did hand the child to her boyfriend at that time and began yelling at her mother and did also strike her mother.

Based on my investigation I find that Fran was the primary aggressor and struck Bella first. Fran Kaplan-Silbert was placed under arrest for simple battery (domestic related) F.S.S. 784.03(1a1), she did intentionally strike Bella.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S S Rosenfeld (ID #) 28288
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of January 2024 by D/S S Rosenfeld 28288

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

D/S Santana 31780
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Kaplan-Silbert Fran Sherri **DOB:** 04/28/1963 **Case #:** 24026961

Name (Last, First)

Victim: Silbert Bella **DOB:** 11/06/2002 **Race:** W **Sex:** F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes × No Victim Yes × No Defendant Yes × No

911 Call: × Yes No **Caller:** Kaplan-Silbert Fran Sherri

Weapon Used: Yes × No **Type:** _____

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

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

Injuries: Yes × No **Description:** _____

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) Silbert (First) Bella

Local Address: [redacted]

Phone [redacted]

Employer: (Name) (Employer Address) _____

_____

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

Address: _____

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VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **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.**
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: **24026961** Agency: **PBSO**
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: Name (Last) **Kaplan-Silbert** (First) **Fran** (Middle) **Sherri**
   D.O.B. **04/28/1963** Race: **W** Sex: **F**

2. Warrant #(s): _____
   Name (Last, First)

3.a. Victim's name: **Silbert** **Bella** D.O.B. **11/06/2002** Race: **W** Sex: **F**
[redacted]

b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
   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: Name (Last, First) **Silbert** **Bella**
Deputy's Name: **D/S S Rosenfeld** I.D. # **28288** Date: **01/20/24**

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **Kaplan-Silbert** **Fran** **Sherri**
(FOR WARRANT USE ONLY) COURT CASE/WARRANT #: _____

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PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)
CASE INFORMATION FORM

Date:	Time:	Case #:

CHECK-ONE: ☑ PERSON CRIME ☐ PROPERTY CRIME ☐ NON-CRIME CASE

Deputy:	ID#:	Dist. / Div.	Phone:	Case Type/Offense/Crime (do not use signal code):
S. Rosenfeld	28268	IRP	561-688-3211	24C-6961

☑ Victim ☐ Witness • Name (Last, First, M.):	Race:	Sex:	D.O.B.:	
Silbert, Bella F	W	F	11-6-2003	[redacted]

[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** BS **]**, 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.):	Race:	Sex:	D.O.B.:

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** BS **]** 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 indefinitely, 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 five (5) years 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: X [signature] Date: 1/20/2024

Print Parent/Guardian/Next of Kin name (if applicable):

FILED PBC - GUN CLUB
'24 JAN 21 AM 5:57

Deputy Signature: [signature] ID#: 28268

▶ *If Criminal Case:*
Scanned to Victim Advocate by ID#: _____

WHITE – CENTRAL RECORDS YELLOW – CORRECTIONS PINK – VICTIM/WITNESS

PBSO#0028 REV.09/23

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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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024001854	**Date:** 1/21/2024
	Specialist Name/ID#: MTooks #8557