T# 05427784 2023MM-006933 AMS #129

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 | N

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 23-102039

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

[redacted]

Location of Offense (Business Name, Address) [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/21/23	2202					

DEFENDANT

Name (Last, First, Middle): LEPIOR, GISELE M

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	4/24/1982	5-04	130	BROWN	BROWN	MEDIUM	SMALL

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

Marital Status: Married | Religion: Christianity | Indication of: Alcohol Influence (Y ☒ N ☐ Unk ☐) Drug Influence (Y ☐ N ☐ Unk ☒)

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]

Mobile Phone: 561-583-5870

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): SAME | (City): SAME | (State) (Zip)

Phone: SAME

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip)

Phone

Occupation: MANAGER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L160-293-82-644-0	[redacted]		SAN JOSE CALIFORNIA	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 ( )

Notified by: (Name)	Date	Time	Juvenile Disposition (1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated)
UNK			

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

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 #
DOMESTIC BATTERY	1	☒ Y ☐ N	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			23-102039		

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)

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 WILFULLY 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.

08/21/23

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

ADMIN

HOLD for other agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
	X [signature]	(PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print)	I.D. #
J DESMOND	9714

Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency
[signature]	9714		J DESMOND	9714	PBSO

Witness here if suspect signed "X" [signature]

PAGE 1 OF 2

FILED PBC - GUN CLUB
23 AUG 22 AM 7:49

SCANNED AUG 22 2023

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23-102039

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LEPIOR, GISELE M		W	F	4/24/1982

CHARGES

DOMESTIC BATTERY	784.03(1A1)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	M	[redacted]

Last Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
[redacted]	[redacted]	FL DL

Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation
N/A		UNK

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 21ST day of AUGUST 2023 at 2202 ☐ 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 AUGUST 21, 2023 AT 2117 HOURS I RESPONDED TO [redacted] PALM BEACH COUNTY, FLORIDA [redacted] IN REFERENCE TO A DOMESTIC BATTERY CALL.

UPON MY ARRIVAL I MET WITH [redacted] WHO STATED HE AND [redacted] GISELE LEPIOR ENGAGED INTO A VERBAL ARGUEMENT OVER GISELE COMING [redacted] INTOXICADED. [redacted] STATED HE WAS [redacted] WHEN GISELE ENTERED [redacted] AND STARTED AN ARGUEMENT OVER [redacted] EXPLAINED HE WANTED TO GO BACK TO [redacted] BUT GISELE CONTINUED TO ARGUE. [redacted] EXITED HIS BED AND STOOD UP. AT THIS TIME GISELE SLAPPED AND SCRATCHED HIS RIGHT UPPER SHOULDER, LEAVING 4" SCRATCHES AND FRESH RED HAND MARKS.

GISELE WAS HANDCUFFED TO THE REAR, CHECKED FOR TIGHTNESS AND DOUBLE LOCKED.

I FIND PROBABLE CAUSE TO CHARGE GISELE LEPIOR WITH DOMESTIC BATTERY (SIMPLE) 784.03(1A1).

GISELE WAS TRANSPORTED TO THE MAIN JAIL FOR FURTHER PROCESSING.

NOT A CERTIFIED COPY

SCANNED
AUG 22 2023

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
J DESMOND (ID #) 9714
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21ST day of AUGUST 2023 by J DESMOND 9714

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

R PARRALES #18328
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: LEPIOR, GISELE M **DOB:** 4/24/1982 **Case #:** 23-102039

Name (Last, First)

Victim: [redacted] **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:** _____

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: [redacted] **DOB:** [redacted]

Name: [redacted] **DOB:** [redacted]

Name: [redacted] **DOB:** [redacted]

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: SHE STARTED AN ARGUEMENT THEN SCRATCHED AND SLAPPED

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) [redacted]

Local Address: [redacted]

Phone [redacted]

Employer: (Name) UNK (Employer Address) N/A

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

Address: _____

NOT A CERTIFIED COPY

SCANNED AUG 22 2013

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 #: **23-102039** Agency: **PBSO**
   Offense: **DOMESTIC BATTERY**
   Suspect/Offender: Name (Last) **LEPIOR,** (First) **GISELE** (Middle) **M**
   D.O.B. **4/24/1982** Race: **W** Sex: **F**

2. Warrant #(s): _____

3.a. Victim's name (Name (Last, First)) [redacted] D.O.B. [redacted] Race: **W** Sex: **M**
   Address: [redacted]
   City: [redacted] State: FL Zip: [redacted]
   Home #: [redacted] Work #: _____ Other: _____

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) [redacted]
Deputy's Name: **J DESMOND** I.D. # **9714** Date: **08/21/23**

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

SUSPECT/OFFENDER **LEPIOR, GISELE M** COURT CASE/WARRANT #: **(FOR WARRANTS USE ONLY)**

NOT A CERTIFIED COPY

SCANNED AUG [redacted]

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(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	☒	FL Constitution, Article 1, 16(b)	Other: Marsy's Law	1-6
	☒	119.071(2)(j)	Other: Victims of Specified Crimes	1-6

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023021914	**Date:** 8/22/2023
	Specialist Name/ID: T.Howard/7185

SCANNED
AUG 22 2023