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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

3

Juvenile: N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (NTA's only): 06 -| 22-105188 ( )

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):

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

DEFENDANT

Name (Last, First, Middle): SAWYER, JACKSON

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	M	07/05/2002	6'01	220	HAZEL	BLONDE	Light	Large

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

Marital Status: Single

Religion:

Indication of: Alcohol Influence (Y ☐ N ☒ Unk ☐) Drug Influence (Y ☐ N ☒ Unk ☐)

Local Address (Street, Apt. Number): 1526 CADES BAY AVE UNIT 5011 (City): JUPITER (State): FL (Zip): 33458

Phone: (561) 3396943

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

Permanent Address (Street, Apt. Number): ☑ Same as Local (City) (State) (Zip)

Phone: ( )

Address Source: FLORIDA DL

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

Phone: ( )

Occupation:

D/L Number, State: S600433022450 FL - Florida

Soc. Sec. Number:

INS Number:

Place of Birth (City, State): JUPITER, FL

Citizenship: US

CO-DEF

Co-Defendant (Last, First, Middle): None

Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 6. Juvenile

Co-Defendant (Last, First, Middle)

Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 6. 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

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	01	☒ Y ☐ N	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22-105188		

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
			22-105188		

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
			22-105188		

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
			22-105188		

NOTICE TO APPEAR

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): WHITE JOSHUA I.D. #: 38632

Transporting Officer I.D. # Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 04/22 DISTRIBUTION: WHITE- COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY
SHARON R. BOCK, CLERK & COMPTROLLER, PALM BEACH COUNTY, FL
RECEIVED FOR RECORD
2022 SEP -6 P 1:16
COURT DEP. CLERK

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2 NTA | 3 Request for Warrant 4 Request for Copias | 3 | Juvenile | N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	- 22-105188

Charge Type (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
SAWYER, JACKSON		W	M	07/05/2002

CHARGES

Charge Description		Charge Description
DOMESTIC BATTERY	784.03(1A1)	
Charge Description		Charge Description

VICTIM

[redacted]

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

PROBABLE CAUSE STATEMENT

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 _____ 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 committed the below acts, resulting from my (described) investigation.

On the 2nd day of September 20 22 at 2:00 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

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

[redacted] returned home after work, seeing that the suspect, Jackson Sawyer, was still asleep in her bed. [redacted] laid down and fell asleep with Sawyer until about 1400 hours. When [redacted] woke up Sawyer began to make accusations about her cheating. [redacted] was upset and left the bed, Sawyer then grabbed [redacted] by the back of her neck and pulled her back to the bed while pinning her down. Sawyer pinned [redacted] wrists with one of his hands and slapped her in the face with the other hand repeatedly. Sawyer wrapped his legs around [redacted] legs making her unable to move. [redacted] began to cry, screaming for Sawyer to stop and get off of her. Sawyer finally stopped, [redacted] ran out and sat in the corner with her dog. Sawyer walked past her leaving the house.

I observed swelling under [redacted] left eye. [redacted] was clearly distraught, crying throughout the conversation.

Based on the victim's injuries, and her sworn written statement, Jackson Sawyer is charged with Domestic Battery. (F.S.S 784.03 (1a1)

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

_____
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of September 20 22 by WHITE JOSHUA 38632

(Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced Known Law Enforcement Officer

C.L. M.O. 7864
Notary Public, Clerk of Court, Officer (F.S.S). 117. 10)

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004 REV. 04/22