J# 0534569 — 23CF 6859 — PH 3524

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 23098313 ( )

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: 1

Location of Arrest (Including Name of Business): 10382 Polo Lake Drive W, Wellington, FL, 33414

Location of Offense (Business Name, Address): 10382 Polo Lake Drive W, Wellington, FL, 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/10/2023	2053					

DEFENDANT

Name (Last, First, Middle): POTEET JENNIFER — 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	02/09/1981	5'10	130	Brown	Blonde	Fair	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): None

Marital Status: Divorced — Religion: Christian — Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number): 10382 Polo Lake Drive W — (City): Wellington, FL, 33414 — (State) (Zip) — Mobile Phone: (561) 809-4849 — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip) — Phone ( ) — Address Source: Defendant

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

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
P330428815490	[redacted]		Newton MA	US

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 ( )

NO BOND

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) 355-8511) 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, U. Use, I. 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 #
Battery (Domestic-Related)	1	☒ Y ☐ N	784.03 (1)(a)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23098313		

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. ☐

FILED PBC - CLERK CLK
'23 AUG 11 AM 8:39

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 (Juvenile and Parent/Custodian) — Date Signed

SCANNED
AUG 11 2023

I consent to receive text reminders of court date(s) and times for this case by automatic 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 agencies — Signature of Arresting Officer: X — 22055

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Name of Arresting Officer (Print): D/S B. Landa — I.D. #: 22055 — Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: Bonilla — I.D. #: 8342 — Pouch #

Transportation Officer: D/S J. GROZ~~O~~ 8057 — I.D. # — Agency: PBSO

Witness Name & Subject signed with an "X"

PAGE 1 OF 1

PBSO #3148 REV. 1/22 — DISTRIBUTION: COURT COPY — STATE ATTORNEY — AGENCY — AGENCY — DEFENDANT (N.T.A.'s ONLY)

JACOBS 25508

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PROBABLE CAUSE AFFIDAVIT

ADMIN

CJIS Number	1 Arrest / 2 NTA / 3 Request for Warrant / 4 Request for Capias	1	Juvenile

Agency ORI Number	Agency Name	Agency Report Number
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	23098313

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

Special Notes:

CHARGES

Charge Description		Charge Description	
Battery (Domestic-Related)	784.03 (1)(a)		
Charge Description		Charge Description	

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
POTEET	JENNIFER	W	F	02/09/1981

VICTIM

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

Local Address (Street, Apt Number) / (City) / (State) / (Zip)	Phone	Address Source
[redacted]	[redacted]	Pilot
Business Address (Name, Street) / (City) / (State) / (Zip)	Phone	Occupation
	( )	

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.
- ☐ was observed by _____ who told me 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 10th day of August 20 23 at 8:19 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

☒ Marsy's Law CVR
FL Const. Art I § 16(b)

On August 10th, 2023, at 2019 hours, I was dispatched to [redacted] to investigate a domestic battery. The caller/victim said his [redacted] hit him. The victim said his [redacted] was waiting inside her home. The victim mentioned he had video surveillance footage.

I arrived on scene and saw a [redacted] parked in a parking spot in front of [redacted]. Contact was made with the driver of the [redacted] white male [redacted] date of birth [redacted] who explained to me he had come to [redacted] white female, Jennifer Poteet date of birth 02/09/1981 home [redacted] said he went to Jennifer's house to pick up [redacted] when they got into an argument. [redacted] said while they were at the residence, Jennifer started to hit him. [redacted] stated that Jennifer grabbed the collar of his shirt and punched him in the face about six times with her other hand. [redacted] told me he recorded the encounter on his cellphone. [redacted] provided a recorded sworn statement.

[redacted] showed me the video on his cellphone. I saw Jennifer approaching [redacted] and what appeared to be her hitting his cellphone, causing the video to end. I checked [redacted] face for injuries. However, I did not see visible marks on him.

I next spoke with Jennifer, who said [redacted] went to her residence uninvited to pick [redacted] Jennifer said they started to get into an argument over [redacted]. According to Jennifer, [redacted] then started pushing her. Jennifer provided a recorded sworn statement.

Jennifer showed me the area she said [redacted] pushed her and pointed to her shoulders, but I did not see any visible marks on her.

[redacted] and Jennifer [redacted] in common.

Based on the statement made by [redacted] and his video of the incident, I determined Jennifer Poteet was the primary aggressor and committed F.S.S 784.03 (1)(a)(1) Domestic Battery (Simple Battery). Jennifer did actually and intentionally strike [redacted] against the will of [redacted]

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigating Officer) B. Landa 2205

SCANNED

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of August 20 23 by D/S B. Landa 2205

AUG 14 2023

(Print name of Notary Public, Deputy Clerk or Officer), who is personally known to me and/or produced identification. Type of identification produced: Known Deputy Sheriff

25554

Notary Public, Clerk of Court, Officer (F.S.S) 117.10)

PAGE 1 OF 1

PBSO 40004 REV 4/12 DISTRIBUTION STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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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: POTEET JENNIFER **DOB:** 02/09/1981 **Case #:** 23098313

Name (Last, First)

Victim: [redacted] **DOB:** [redacted] **Race:** W **Sex:** M

Relationship between Victim and Defendant: [redacted]

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

911 Call: ☒ Yes ☐ No **Caller:** [redacted]

Weapon Used: ☒ Yes ☐ No **Type:** Hands

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: **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: Nothing.

Victim's Statements ☐ Yes ☐ No **If yes,** ☐written ☐recorded ☐oral

First words Victim said when you responded to scene: Nothing.

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] (first) [redacted]

Local Address: [redacted]

Phone: [redacted]

Employer: (Employer Address)

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

Address:

PBSO #0004A REV 05/11

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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 #: 23098313 Agency: PBSO
   Offense: _____
   Suspect/Offender: Name (Last) POTEET (First) JENNIFER (Middle)
   D.O.B. 02/09/1981 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) _____

Deputy's Name: D/S B. Landa I.D. # 22055 Date: 08/10/2023

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER POTEET JENNIFER

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #: _____

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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	3-6
	☒	119.071(2)(j)	Other: The victim's address in a domestic violence action on petitioner's request	3-5

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REVIEW COMPLETED BY

Booking Number: 2023020870	**Date:** 8/11/2023
	Specialist Name/ID: R.Castro/40259