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

25mm9118mB

☐ Check if Supplement is Attached 796

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile

ADMINISTRATIVE

OBTS Number: 02773758

Agency ORI Number: FL0 5 0 1 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06-25106337

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): [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
10/15/25	2143					

DEFENDANT

Name (Last, First, Middle): SCHWEICKERT 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	06/30/1977	5'09"	160	BROWN	BLACK	FAIR	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TATTOO ON BACK LEFT SHOULDER, ROSES TATTOO UNDER BELLY BUTTON, FAIRY ON RIGHT HIP, HEART RIGHT SHOULDER

Marital Status: Single

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: [redacted]

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

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

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
S263433777300	[redacted]		ST PETERSBURG, FL	US

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 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 ( )

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

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)	01	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	25106337		None

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

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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 - CIR CT
'25 OCT 16 AM 7:00

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: 10/15/25

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

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) I.D. #: HERNANDEZ 43957

Transporting Officer I.D. # Agency: HERNANDEZ 43957 PBSO

Name Verification (Printed by Arrestee) (PRINT)

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- 25106337

Charge Type (Check as many as apply): 1. Felony; 2. Traffic Felony; [x] 3. Misdemeanor; 4. Traffic Misdemeanor; 5. Ordinance; 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SCHWEICKERT JENNIFER		W	F	06/30/1977

CHARGES

Simple Battery (Domestic) 784.03(1a1)	

VICTIM

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

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
[redacted]	[redacted]	FL DL
Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation
		SALESMAN

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.
- [ ] confessed to _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [x] was found to have commited the below acts, resulting from my (described) investigation.

On the 15TH day of OCTOBER 20 25 at 2200 [ ] A.M. [x] P.M. (Specifically include facts constituting cause for arrest.)

[x] Marsy's Law CVI
FL. Const. Art.1 § 16(b)

On October 15th, 2025, at approximately 2058 hours, I was dispatched to [redacted] in reference to a domestic.

Upon my arrival, I was met by the defendant who was later identified by FL DL as Jennifer Schweickert, who stated she got into an argument with her boyfriend who was later identified by FL DL as George Davila, over him telling her she was worth nothing and didn't want to add her to his insurance. She then proceeded to show me video surveillance from a camera that captured the whole incident. In the video it shows Schweickert get on top of Davila who was laying on a couch. She gets on top of him and proceeds to batter Davila. Davila then grabs her and they both fall to the ground. Davila stays on top of her while she kicks him. He then gets off of her and grabs a small table. He lifts the table over her and his head but does not try to hit her or made any movements to hit her. He then puts the table down and she batters him in the face again. He then goes over to her but they leave the camera frame.

At this point of my investigation, I have probable cause for the arrest of the defendant for domestic battery, FSS 784.03(1a1).

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
HERNANDEZ (ID #) 43957
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of October 20 25 by HERNANDEZ 43957
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

D/S MOAK #42938
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)

Suspect: SCHWEICKERT JENNIFER DOB: 06/30/1977 Case #: 25106337

Victim: DAVILA GEORGE 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: DAVILA

Weapon Used: Yes × No Type: _____

Witness: Yes × No Name: _____

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: _____ Physician: _____

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: HELLO

_____

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

First words Victim said when you responded to scene: HELLO

_____

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: DAVILA GEORGE

Local Address: [redacted]

_____

Phone: Home (___)___-_____ Work (___)___-_____ Cell [redacted]

Employer: _____

Name of Relative: _____ Phone _____

Address: _____

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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)	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	☐			
	☐			
	☐	119.071 (2)(J)	The Victim's address in a Domestic Violence action on petitioner's request.	
	☐	415.107 (1)	ELDERLY NEGLECT ABUSE	

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REVIEW COMPLETED BY

Booking Number: 2025027677	**Date:** 10/16/2025
	Specialist Name/ID#: MTooks #8557