C540787 23mm 4236 3245

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number			

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500400	Delray Beach Police Department	4 0 23-007072

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

If Weapon Served, Enter Type: UNARMED

Multiple Clearance Indicator: 3

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
51 N SWINTON AVE/DELRAYBEACH,FL33444	51 N SWINTON AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/26/2023	19:56	05/26/2023	20:22	/ / : :		

DEFENDANT

Name (Last, First, Middle): KATZ, JONATHAN OWEN — Alias: — 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	04/30/1962	6'05	200	BROWN	BLACK	MEDIUM	LARGE

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): — Marital Status: — Religion: NOT INDICA — Indication of Alcohol Influence: ☒ Yes ☐ No ☐ Unk — Drug Influence: ☐ Yes ☒ No ☐ Unk

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1 City, 2 County, 3 Florida, 4 Out of State)
3605 NW 5TH TER, BOCA RATON, FL 33431				(917) 815-0238	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
3605 NW 5TH TER, BOCA RATON, FL 33431				(917) 815-0238	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
K320434621500 / FL	[redacted]		NEW YORK, NY	US

CO-DEFE

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

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

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian — 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 Department and Released, 2 TOT JAC, 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 355-2526) informed of any change of address.
☐ Yes, by ☐ No

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 Disperses/ 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/Derv, P Paraphernalia/ Equipment, S Synthetic, U Unknown, Z Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY(TOUCH OR STRIKE)	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	[illegible]	2	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DISORDERLY INTOXICATION	856.011	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O/R ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To

Transported By	Date Transported	Time Transported	Other
	/ /	:	

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 06/22/2023 08:30:00

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.

SCANNED MAY 27 2023

Signature of Defendant (or Juvenile and Parent/Custodian) — 5/26/23 Date Signed

No Photo Available

ADMIN

HOLD for Other Agency: DC DETAINER

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Issuing Deputy: D.S. MIRANDA — I.D. # — Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): MORALES, WILLIAM — I.D. #: 1146

Transporting Officer: MORALES — I.D. #: 1146 — Agency: DBPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

FILED PBC - GUN CLUB-- '23 MAY 27 AM 7:27

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

NOT A CERTIFIED COPY

ARREST NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number			
Agency ORI Number: 0500400	Agency Name: Delray Beach Police Department	Agency Report Number (N T A's only): 4 0 23-007072	

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: UNARMED
Multiple Clearance Indicator: 3

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
51 N SWINTON AVE/DELRAYBEACH,FL33444	51 N SWINTON AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/26/2023	19:56	05/26/2023	21:13	/ / : :		

DEFENDANT

Name: Last, First, Middle: KATZ, JONATHAN OWEN
Alias: Alias Name, DOB, Soc Sec #, Etc.:

Race (W - White, I - American Indian, B - Black, Q - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	04/30/1962	6'05	200	BROWN	BLACK	MEDIUM	LARGE

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):
Marital Status:
Religion: NOT INDICA
Indication of Alcohol Influence: Yes ☒ No ☐ Unk ☐
Indication of Drug Influence: Yes ☐ No ☒ Unk ☐

Local Address (Street, Apt. Number, City, State, Zip)	Phone	Residence Type (1 City, 2 County, 3 Florida, 4 Out of State)
3605 NW 5TH TER, BOCA RATON, FL 33431	(917) 815-0238	2
Permanent Address (Street, Apt. Number, City, State, Zip): 3605 NW 5TH TER, BOCA RATON, FL 33431	(917) 815-0238	Address Source: FL DL
Business Address (Name, Street, City, State, Zip):	Phone:	Occupation:

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K320434621500 / FL	[redacted]		NEW YORK, NY	US

CO-DEFE

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

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian — 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 Department and Released, 2 TOT JAC, 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 355-2526) informed of any change of address.
☐ Yes, by ☐ No

School Attended: — Grade:
Property Crime? ☐ Yes ☒ No — Description of Property: — Value of Property:

CODE

Drug Activity: N N/A, P Possess, S Sell, B Bm, T Traffic, R Smuggle, D Deliver, E Use, K Disperses/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/Derv, P Paraphernalia/Equipment, S Synthetic, U Unknown, Z Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY(TOUCH OR STRIKE)	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	[illegible]	1	☐ Y ☒ N		[illegible]

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O R ☐ Released to Parent/Guardian ☒ T O T County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To

Transported By	Date Transported	Time Transported	Other
	/ / : :		

NOTICE TO APPEAR

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Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 06/22/2023 08:30:00

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.

Refused — Signature of Defendant (or Juvenile and Parent/Custodian)
5/26/23 — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency: DETAINER
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: [signature] 1146
Name of Arresting Officer (Print): MORALES, WILLIAM — I.D. #: 1146
Transporting Officer: MORALES — I.D. #: 1146 — Agency: DBPD
Intake Deputy: [illegible] — I.D. #: [illegible] — Pouch #:

Name Verification (Printed by Arrestee) (PRINT):
Witness here if subject signed with an "X":

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

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ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 23-007072

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
KATZ, JONATHAN OWEN		W	M	04/30/1962

CHARGES

Charge Description	Charge Description
784.03(1A2) BATTERY CAUSE BODILY HARM	856.011 DISORDERLY INTOXICATION
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
BERG, GILBERT VINCENT 3	W	M	07/01/1961

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
465 SHERWOOD FOREST DR, DELRAY BEACH, FL 33445	(561) 237-3866	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 WITNESS OFFICERS who told that he/she saw the arrested person committ the below acts.

☐ was found to have committed the below acts, resulting from my (described) investigation.

On the 26 day of May, 2023 at 19:46 (Specifically include facts constituting cause for arrest.)

This incident occurred in the City of Delray Beach, Palm Beach County, FL:

On 05/26/2023 I responded to 51 N Swinton Ave (Old School Square) in reference to an altercation.

Upon arrival, I made contact with victim Gilbert Berg (07/01/1961) and his wife/victim Deborah Berg (09/15/1964). I obtained a sworn statement from Gilbert which was captured on body worn camera. Gilbert advised that he was in front of the concert stage with Deborah when the defendant Jonathan Katz (04/30/1962) approached them. Gilbert advised by imitating Katz`s body language of him swaying and rolling his eyes implying Katz was impaired. Katz then grabbed Deborah`s right arm at which point Gilbert confronted him verbalizing that she was his wife. Gilbert stated he told Katz to leave several times which he refused to. Instead, Katz told Gilbert "fuck you" approximately five times according to Gilbert. He also stated that Katz told him "you don`t know who your messing with, and I will punch you in the face." Gilbert advised that Katz proceeded to strike him in the face in a palm heel strike motion where he sustained a minor cut to the left corner of his upper lip. Gilbert described the strike as a "open hand jam" Deborah also confirmed that Katz grabbed her by the arm and provided a sworn statement to Lieutenant Ferreri was captured on body worn camera.

Independent witness Karen McCarthy provided a sworn statement to Officer Musliu where she stated the following: Karen she saw Katz grab Deborah by the arm at which point Gilbert confronted him. Karen then advised she saw Katz slap Gilbert. It should also be noted that Karen was also attending the same concert which had a very light crowd.

Katz was read his Miranda warnings and he declined to speak with Officers. It should be noted that while speaking with officers, Katz was swaying and had trouble maintaining his balance. Officer Penagos had to hold only Katz when he was escorting him. Katz also

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

SCHMIDT, JAMES 780
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/26/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MORALES, WILLIAM (1146)
NAME OF OFFICER (PLEASE PRINT)

05/26/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias	1	JUVENILE
	Agency ORI Number: FL 0500400	Agency Name: DELRAY BEACH POLICE DEPARTMENT	Agency Report Number: 4 0 23-007072		
	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
	KATZ, JONATHAN OWEN		W	M	04/30/1962

PROBABLE CAUSE STATEMENT

slurring his words had a strong odor of alcohol emenating from his person.

Due to the above stated facts, I find probable cause to charge Jonathan Katz with Simple Battery Cause Bodily Harm pursuant to FSS 784.03(1A2) and Disorderly Intoxication pursuant to FSS 856.011.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

SCHMIDT, JAMES
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/26/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MORALES, WILLIAM (1146)
NAME OF OFFICER (PLEASE PRINT)

05/26/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		1 Arrest 2 N T A 3 Request for Warrant 4 Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 23-007072

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
KATZ, JONATHAN OWEN		W	M	04/30/1962

CHARGES

Charge Description	Charge Description
784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
BERG, DEBORAH JEAN	W	F	09/15/1964

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
465 SHERWOOD FOREST DR, DELRAY BEACH, FL 33445	(561) 239-3865	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 VICTIM OFFICERS who told that he/she saw the arrested person committ the below acts

☐ was found to have committed the below acts, resulting from my (described) investigation.

On the 26 day of May, 2023 at 19:56 (Specifically include facts constituting cause for arrest.)

This incident occurred in the City of Delray Beach, Palm Beach County, FL:

On 05/26/2023 I responded to 51 N Swinton Ave (Old School Square) in reference to an altercation.

Upon arrival, I made contact with victim Gilbert Berg (07/01/1961) and his wife/victim Deborah Berg (09/15/1964). I obtained a sworn statement from Gilbert which was captured on body worn camera. Gilbert advised that he was in front of the concert stage with Deborah when the defendant Jonathan Katz (04/30/1962) approached them. Gilbert advised by imitating Katz`s body language of him swaying and rolling his eyes implying Katz was impaired. Katz then grabbed Deborah`s right arm at which point Gilbert confronted him verbalizing that she was his wife. Gilbert stated he told Katz to leave several times which he refused to. Instead, Katz told Gilbert "fuck you" approximately five times according to Gilbert. He also stated that Katz told him "you don`t know who your messing with, and I will punch you in the face." Gilbert advised that Katz proceeded to strike him in the face in a palm heel strike motion where he sustained a minor cut to the left corner of his upper lip. Gilbert described the strike as a "open hand jam"

Deborah provided a sworn statement to Lieutenant Ferreri where she advised the following: Deborah was standing by the stage with her husband when Katz grabbed her arm. Gilbert then confronted Katz which prompted Katz to become aggressive by getting in Gilbert`s face. Katz continued to argue with Gilbert and ultimately struck him in the face where he sustained a minor injury. Deborah advised she did not witness the strike.

Independent witness Karen McCarthy provided a sworn statement to Officer Musliu where she stated the following: Karen she saw Katz grab Deborah by the arm at which point Gilbert confronted him. Karen then advised she saw Katz slap Gilbert. It should also be noted that Karen was also attending the same concert which had a very light crowd.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

SCHMIDT, JAMES
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/26/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MORALES, WILLIAM (1146)
NAME OF OFFICER (PLEASE PRINT)

05/26/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 23-007072

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

Special Notes

SUBJECT

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
KATZ, JONATHAN OWEN		W	M	04/30/1962

PROBABLE CAUSE STATEMENT

Katz was read his Miranda warnings and he declined to speak with Officers.

Due to the above stated facts, I find probable cause to charge

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

SCHMIDT, JAMES
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/26/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MORALES, WILLIAM (1146)
NAME OF OFFICER (PLEASE PRINT)

05/26/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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.	2,5
	☐	(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	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023013902	**Date:** 5/27/2023
	Specialist Name/ID: Chantel Daniels/30347