0569393 26mm5849 AMB

296

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

ARREST / NOTICE TO APPEAR

☐ Check if Supplement is Attached
1 Arrest 3 Request for Warrant
2 N T A 4 Request for Capias

1

Juvenile ☐

ADMINISTRATIVE

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number (N T A s only)
0500400	Delray Beach Police Department	40 26-008349

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: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name Address)
29 SE 2ND AVE, DELRAY BEACH, 33444	29 SE 2ND AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/12/2026	02:27	07/12/2026	02:37			

DEFENDANT

Name (Last First Middle): PARISI, KAITLYN ALYSSA — Alias (Name DOB Soc Sec # Etc): Alias:

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	04/03/1995	4'11	95	BROWN	BROWN	FAIR	SMALL

Scars Marks Tatoos Unique Physical Features (Location Type Description):

Marital Status: S — Religion: CATHOLIC — Indication of Alcohol Influence / Drug Influence: Y ☐ N ☐ Unk ☐

Local Address (Street Apt Number) (City) (State) (Zip): 61 SECRETATIAT ST, HOWELL, NJ 07721 — Mobile Phone:

Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 1

Permanent Address (Street Apt Number) (City) (State) (Zip): 61 SECRETATIAT ST, HOWELL, NJ 07721 — Phone: (732) 466-8250 — Address Source: VERBAL

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

D/L Number State	Soc Sec Number	INS Number	Place of Birth (City State)	Citizenship
P06064246154952 / NJ	[redacted]		FREEHOLD, NJ, United	US

CO-DEF

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 ☐ 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: ☐ No, S Sell, B Buy, P Possess, R Smuggle, D Deliver, E Use, T Traffic, K Disperse/ Distribute, M Manufacture/ Producer/ Cultivate, Z Other, N N/A

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(TOUCH OR STRIKE)	1	☒ Y ☐ N	784.03(1A1)	

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

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): 200 W Atlantic Ave — DELRAY BEACH

Court Date and Time: Month August — Day 10 — Year 2026 — Time 8:30 (AM) PM

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

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

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy — ID # — Pouch #

Signature of Arresting Officer — Name of Arresting Officer (Print): HEFTY, DAVID — ID #: 1291

Transporting Officer: HEFTY — ID #: 1291 — Agency: DBPD

Name Verification (Printed by Arrestee) (PRINT) JUL 12 5:22

Witness here if subject signed with an 'X'

PAGE 1 OF 1

PBSO #0148 REV 10/22

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

NOT A CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
07/12/2026 02:02	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 26-008349

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
PARISI, KAITLYN ALYSSA		W	F	04/03/1995

CHRG

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

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
CASTLE, JUSTIN	W	M	09/26/2004

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
2 MANOR CT, OLD BRIDGE, NJ 08857	(848) 231-4997	

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

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☒	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **MARKS ON NECK**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **BOYRIEND**

		YES	NO	
PHOTOGRAPHS:	Scene:	☒	☐	
	Victim:	☒	☐	
911 CALL:		☒	☐	CALLER: **VICTIM**
WEAPON USED:		☐	☒	TYPE:
WITNESSES:		☐	☒	(If YES, attach witness list)
INJURIES:		☒	☐	
MEDICAL TREATMENT:		☐	☒	
AT:	Scene:	☐	☒	PARAMEDICS
	Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL
ACT COMMITTED IN PRESENCE OF MINOR(S):		☐	☒	NAMES/AGES:
H. R. S. NOTIFIED		☐	☒	
VICTIM PREGNANT:		☐	☒	
VIOLATION OF RESTRAINING ORDER:		☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		☐	☒	
ALCOHOL OR DRUGS INVOLVED:		☒	☐	

NARR

The following incident occurred in the city of Delray Beach, Palm Beah County, Florida

On Sunday 07/12/2026 at or around 0135 hours, I was dispatched to 29 SE 2nd Avenue (Throw Social), In reference to a domestic dispute.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

1291

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 12 day of July, 2026

KOPPLIN, BARRY O

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

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

NOT A CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
07/12/2026 02:02		
Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 26-008349

NARRATIVE

Upon arrival, I met with the Victim [redacted] (DOB 09/26/2004) who advised that he was physically hit by his girlfriend Kaitlyn Parisi (DOB 04/03/1995) around 0100 hours. Castle stated that Parisi was extremely intoxicated and began to scratch him. I observed multiple scratch marks and bruising on Castles face and neck, which were capture on my BWC. Castle stated that he has been in a consistent relationship with Parisi for the past year and is currently staying at an Air BnB in Fort Lauderdale with Parisi.

I then spoke to the defendant, Parisi who advised that the altercation never became physical and was verbal only. It should be noted that Parisi had long nails which were consistent with the scratch marks on Castles neck. While talking to Parisi I observed no marks on her person.

I read Parisi her Miranda rights and questioned her again on the altercation and how Castle obtained the scratch marks on his neck. Parisi advised that the argument was only verbal between them and never became physical.

Due to the above stated facts, probable cause exits to charge defendant Kaitlyn Parisi with one count of Simple Battery (Domestic) in accordance with F.S.S. 784.03(1A1).

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

1291
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 12 day of July, 2026.

KOPPLIN, BARRY O
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

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

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 26-008349 Agency: OBPD
   Offense: Simple Battery
   Suspect/Offender: Kaitlyn Parisi
   D.O.B. 04/03/1995 Race: White Sex: Female

2. Warrant #(s):_____

3. Complete one (1) of the following:

   a. Victim's name: Justin Castle
   Address: 2 Manor Ct.
   City: Old Bridge State: New Jersey Zip: 08857
   Home #: 848-231-4997 Work #:_____ Other:_____

   b. Victim's next of kin:_____
   Address:_____
   City:_____ State:_____ Zip:_____
   Home #:_____ Work #:_____ Other:_____

   c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
   Name:_____
   Address:_____
   City:_____ State:_____ Zip:_____
   Home #:_____ Work #:_____ Other:_____

4. Relevant identification or case numbers assigned to the case (please specify):
   _____

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification:_____

Officer's Name : Heft I.D.: 1291 Date: 07/12/2026

White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

PBSO #0029-A

Stock F-4403

SUSPECT/OFFENDER: Kaitlyn Parisi

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

NOT A CERTIFIED COPY

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	Click or tap here to enter text.
	☐	119.071(2)(e)	Confession	Click or tap here to enter text.
	☐	119.071(2)(j)1.e.	Name of a law enforcement officer who, in the course of their duties became a victim, is confidential and exempt for 72 hours after the incident. This information is exempt for an additional 60 days after the initial 72 hours.	Click or tap here to enter text.
Public Info. Exemptions	☐	119.071(2)(j)1.b.(I)	Identity, home or employment phone number, home or employment address, or any other information that could be sued to locate or harass the victim.	Click or tap here to enter text.
	☐	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	Click or tap here to enter text.
	☐	119.0712(2)	Personal information contained in a motor vehicle record	Click or tap here to enter text.
	☐	316.650(11)	Driver information contained in a uniform traffic citation	Click or tap here to enter text.
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	Click or tap here to enter text.
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	Click or tap here to enter text.
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
Other	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	☐	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2026018639	**Date:** 7/13/2026
	Specialist Name/ID#: Alexandra Jones #38839