0548587 24MM3139AMB 3529

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 /

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 - 23-053204

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: NO

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
04/15/24	1230	04/15/2024				N/A

DEFENDANT

Name (Last, First, Middle): MCDONOUGH KATHERYN ANNE

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	09/03/1979	5'4	112	BLU	BLON	MEDIUM	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NO

Marital Status: Married

Religion: Catholic

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)

Phone

Address Source: FL DL

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

Phone

Occupation: BANKER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
	[redacted]		NEW YORK, NY	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 ( )

I 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) 355-6511) 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	1M	☒Y ☐N	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
/	/	/	23-053204		

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

FILED PBC GUN CLUB '24 APR 16 AM 5:05

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. ☐

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) 04/15/24 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:

Signature of Arresting Officer: x [signature] 24749

Name of Arresting Officer (Print): Thomas McCabe I.D. # 24749

Name Verification (Printed): APR 15 PM 4:39

(PRINT) SCANNED

Intake Deputy I.D. # 521 Pouch #

Transporting Officer I.D. # Agency PBSO

Witness here if subject signed APR 16 2024

PAGE ___ OF ___

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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- 23-053204

ChargeType: 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
MCDONOUGH KATHERYN ANNE		W	F	09/03/1979

CHARGES

SIMPLE BATTERY- DOMESTIC 784.03(1)(a)(1)	

VICTIM

Victim's Name (Last, First, Middle): MCDONOUGH MICHAEL [redacted]

Local Address (Street, Apt. Number) [redacted] (City) (State) (zip) Phone [redacted] Address Source: FL DL

Business Address (Name, Street): / (City) (State) (zip) Phone Occupation: UNEMPLOYED

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

On the 15TH day of APRIL 2024 at 1145 ☒ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

RESPONDED TO [redacted] IN UNINCORPORATED [redacted] IN RESPONSE TO A DOMESTIC DISPUTE. HUSBAND AND WIFE, MICHAEL MCDONOUGH AND KATHERYN MCDONOUGH ARE IN THE MIDST OF DIVORCE PROCEEDINGS; MICHAEL FILED JANUARY 15TH 2024 (UNBEKNOWNST TO KATHERYN) AND KATHRYN WAS SERVED MONDAY APRIL 8TH. MICHAEL PETITIONED THE COURT TO HAVE PRIMARY CARE OF THE COUPLES TWO CHILDREN (2 YOA, 7 YOA -NOT PRESENT DURING DISPUTE) WHICH IS WHAT SET OFF THE CONTENTIOUS ARGUMENT.

THE VERBAL ARGUMENT BECAME PHYSICAL WHEN KATHERYN (DEF. 5'4 112 LBS) SLAPPED MICHAEL (6'1 150 LBS) SEVERAL TIMES IN THE UPPER ARM THEN TWICE ACROSS THE FACE. MICHAEL SUSTAINED NO INJURY BUT DID HAVE A SMALL MARK ON HIS LEFT CHEEK (NO REDNESS, BLOOD DRAWN, SWELLING OR BRUISING; AND NO MEDICAL ATTENTION WAS REQUIRED) MICHAEL SAID HIS LAWYER INSISTED THAT A POLICE REPORT WAS MADE REFERENCE TO DOMESTIC VIOLENCE. KATHERYN WAS THE ONE *WHO CALLED 911.*

KATHERYN WAS ARRESTED FOR SIMPLE BATTERY DOMESTIC AND TRANSPORTED TO PALM BEACH COUNTY JAIL.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

_____ (ID #) 24749
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15TH day of APRIL 20 24 by _____ 24749

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

_____ 26032
Notary Public ~~Clerk of Court~~, Officer (F.S.S. 117.10)

PAGE OF

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VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **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**

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

SUSPECT/OFFENDER: MCDONOUGH, KATHERYN (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#: _____

1. Incident Report #: 23-0532041 Agency: SO
   Offense: SIMPLE BATTERY-DOMESTIC
   Suspect/Offender: MCDONOUGH, KATHERYN ANNE
   D.O.B. 9 3 79 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: MCDONOUGH, MICHAEL D.O.B. [redacted] Race: [redacted] Sex: [redacted]
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: [redacted] Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
   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: _____

Deputy's Name: _____ I.D.# _____ Date: _____

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

PBSO #0029A REV. 4/99

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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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024010152	**Date:** 4/16/2024
	Specialist Name/ID#: MTooks #8557