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

23mm 208 MB

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: N

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23023525

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

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)	
9165 VINELAND COURT	9165 VINELAND COURT	Boca Raton, FL 33496

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/08/23	~~0020~~ 2331					

DEFENDANT

Name (Last)	(First)	(Middle)	Alias (Name, DOB, Soc. Sec. #, Etc.)
COHEN	,LISA	, ANN	

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	09/03/1972	505	125	BRW	BLK	FAIR	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE

Marital Status: Widowed | Religion: None | Indication of Alcohol Influence: Y ☐ N ☒ Unk. ☐ | Drug Influence: Y ☐ N ☒ Unk. ☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
9165 VINELAND COURT	BOCA RATON,	FL	33496	6033811517	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
					VERBAL

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

D/L Number, State	INS Number	Place of Birth (City, State)	Citizenship
L17737106, NH		Plymouth, New Hampshire	USA

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal ☐ Other: (Last) NONE (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 provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) 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 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. Synthetics 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		23023525		

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

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed: 01/08/23

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X 39035

Arresting Officer (Print): D/S A. Marseille I.D. #: 39035

Transporting Officer: D/S A. MArseille ID #: 39035 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #0148 REV. 04/22

J# 0537284

P# 1415

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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: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23023525

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
COHEN LISA ANN		W	F	09/03/1972

CHARGES

Simple Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
COHEN	MATTHEW	J	W	M	04/23/1993

Local Address (Street, Apt. Number)	(City)	(State) (zip)	Phone	Address Source
9165 VINELAND COURT	Boca Raton,	FL 33496	6033811516	VERBAL
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 7th day of January 2023 at 2305 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On 01/07/2023 at 2306 hours I responded to 9165 Vineyard Ct Apt B in unincorporated Boca Raton Florida in reference to a Domestic Simple Battery. Upon arrival, I made contact with Matthew Cohen who stated he was in a verbal dispute with his mother Lisa Cohen over. Matthew advised Lisa entered into his bedroom and begin to argue with him due to his alcohol consumption. Matthew stated when he told his mother to leave his bedroom, she became upset and scratched him on the left side of his neck.

I observed a bruising on the right lateral side of Matthew's neck which appeared to be consistent with being scratched.

I made contact with Lisa Cohen who confirmed the argument was due to Matthew's alcohol consumption however advised that she struck Matthew after being pushed by him. It should be noted, Lisa did not appear to have any injuries on her persons and also stated that she did not know where her injuries were.

Upon completing my investigation, Lisa was determined to be the primary aggressor and was placed into custody. It should be noted while taking Lisa into custody, her son Matthew Cohen became aggressive with deputies and had to be restrained as a result (Refer to PBSO case# 23-023527). Once Matthew was in custody, he advised that the entire incident was made up and stated that his mother never scratched him. A review of the 911 phone call with assistance from PBSO dispatch confirmed Matthew Cohen spontaneously uttered "You hit me on my face". The 911 phone supports the claims that Matthew was intentionally struck by Lisa Cohen against his will.

Based on the above facts, Probable Cause exist to charge Lisa Cohen with one count of Domestic (Simple Battery) in pursuant to F.S.S 784.03 (1A1).

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S A. Marseille (ID #) 39035
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of December 2022 by D/S A. Marseille 39035
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) 39035

PAGE 1 OF 1

PBSO #0004 REV. 04/22 DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

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: COHEN LISA ANN **DOB:** 09/03/1972 **Case #:** 23023525

Name (Last, First)

Victim: COHEN MATTHEW **DOB:** 04/23/1993 **Race:** W **Sex:** M

Relationship between Victim and Defendant: MOTHER AND SON

Photographs: Scene Yes × No Victim Yes No Defendant Yes No

911 Call: × Yes No **Caller:** Lisa Cohen and Matthew Cohen

Weapon Used: Yes × No **Type:**

Witness: Yes × No **Name:** (Last) (First) (Middle)

Victim Pregnant: Yes × No **If yes,** weeks months

Injuries: × Yes No **Description:** Scratched in the neck

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: **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:

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

First words Victim said when you responded to scene:

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) COHEN (first) MATTHEW

Local Address: 9165 VINELAND COURT, BOCA RATON, FL 33496

Phone: 6033811516

Employer: (Name) Unemployed (Employer Address)

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

Address:

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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: COHEN LISA ANN COURT CASE/WARRANT#. (FOR WARRANTS USE ONLY)

1. Incident Report #: 23023525 Agency: PBSO
   Offense: Simple Battery (Domestic)
   Suspect/Offender: Name (Last) COHEN (First) LISA (Middle) ANN
   D.O.B. 09/03/1972 Race: W Sex: F

2. Warrant # (s):

3.a. Victim's name: Name (Last, First) COHEN MATTHEW D.O.B. 04/23/1993 Race: W Sex: M
   Address: [redacted]
   City: [redacted]
   Home #: [redacted]

b. Victim's next of kin, friend or neighbor: (Last) (First)
   Address:
   City:
   Home #:

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) COHEN MATTHEW

Deputy's Name: D/S A. Marseille I.D.# 39035 Date: 12/07/22

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

PBSO 00029A REV. 4199

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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	☒	s. 119.071(2)(j)1. F.S.	Other: Address, telephone numbers and personal assets of specified crime victims	5
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023000704	**Date:** 1/8/2023
	Specialist Name/ID: C. Smith/39657