0542679 23CF7079 1097

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OSTS Number

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

Juvenile ☐

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 0 6 I-I 23100480 ( )

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

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
08/17/2023	1153					

DEFENDANT

Name (Last, First, Middle): [redacted] | 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	[redacted]	5'3	145	Brown	Brown	Light	Small

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | Marital Status | Religion | Indication of Alcohol Influence / Drug Influence: Y ☐ N ☐ Unk ☐

Local Address (Street, Apt. Number) [redacted] | (City) | (State) | (Zip) | Mobile Phone [redacted] | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 4

Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone ( ) | Address Source: DL

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

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
[redacted] FL	[redacted]		VINLAND, NJ	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 ( )

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) 355-6611) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODES

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 #
DOMESTIC BATTERY PERSON OVER 65YO	01	☒ Y ☐ N	784.08(2C) ~~784.05(2G)~~ ~~784.0~~	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23100480		

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

FILED PBC - GUN CLUB
23 AUG 18 AM 6:48

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) | 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 | Signature of Arresting Officer: X

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Name of Arresting Officer (Print): DUFORT | I.D. #: 9005

Name Verification (Printed by Arrestee) (PRINT) SCANNED

Intake Deputy | I.D. # | Pouch # | Transporting Officer: DUFORT 9005 | I.D. # | Agency: PBSO

Witness here if subject signature/mark on [illegible] 2023

PAGE 1 OF ___

PBSO 00148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias | 1 | Juvenile

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 23100480

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): [redacted] | Alias: [redacted] | Race: W | Sex: F | Date of Birth: [redacted]

CHARGES

Charge Description: 784.05(2C) | Charge Description:

Charge Description: | Charge Description:

VICTIM

Victim's Name (Last, First, Middle): [redacted] | Race: W | Sex: F | Date of Birth: [redacted]

Local Address (Street, Apt Number, City, State, Zip): [redacted] | Phone: [redacted] | Address Source: DL

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
The Person taken into custody:

☐ committed the below acts in my presence.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☐ confessed to _____ admitting to the below facts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 17th day of August 20 23 at 1030 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

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

On the above date and approximate time I was dispatched to [redacted] unincorporated [redacted] in reference to a delayed domestic dispute. The out of state complainant, [redacted] advised PBSO dispatch [redacted] was in an altercation with [redacted] the previous night. I contacted [redacted] by phone who stated [redacted] called him in the morning advising [redacted] had struck her and caused other injuries to her. The two have been [redacted]

I arrived at the [redacted] and made contact with [redacted]. She advised while in her [redacted] siting on a couch at approximately 2230 hours on 8/16/23, [redacted] came into the [redacted] causing a verbal argument. [redacted] was yelling and being very aggressive with her. [redacted] was standing over [redacted] so [redacted] stood up where the argument continued. [redacted] advised she put both her hands on [redacted] shoulders and told her to calm down because she was irate. [redacted] made a statement after that [redacted] hit her so [redacted] struck [redacted] in the left ear area with a closed fist. The argument continued with Lisa going in and out of the room. [redacted] sat back down on the couch and Lisa entered [redacted] again and demanded [redacted] leave the residence. [redacted] grabbed [redacted] right forearm and tried to pull her from the couch and out of [redacted] The altercation ended shortly after. [redacted] added [redacted] attempted to throw her around the room by her arm. I observed deep bruising to [redacted] right forearm but no visible injury around her ear.

I then spoke to [redacted] who was read her Miranda rights in which she understood. [redacted] did not want to speak to me about the altercation.

Due to the aforementioned investigation, statement, and injuries, I find [redacted] to be in violation of FSS ~~843.04(2c)~~ 784.08(2c) domestic battery on a person 65 years or older.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

_____
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of August 20 23 by DUFORT 9005

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

_____ 3542
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

SCANNED

PAGE 1 OF 1

PBSO #0004 REV 4/22 DISTRIBUTION: STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

AUG 18 2023

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: [redacted] **DOB:** [redacted] **Case #:** 23-100480

Victim: [redacted] **DOB:** [redacted] **Race:** W **Sex:** F

Relationship between Victim and Defendant: [redacted]

Photographs: Scene ☐ Yes ☑ No Victim ☑ Yes ☐ No Defendant ☐ Yes ☑ No

911 Call: ☐ Yes ☑ No **Caller:** _____

Weapon Used: ☐ Yes ☑ No **Type:** _____

Witness: ☐ Yes ☑ No **Name:** _____

Victim Pregnant: ☐ Yes ☑ No **If yes,** _____ **weeks** _____ **months**

Injuries: ☑ Yes ☐ No **Description:** BRUISING

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: _____

_____

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:

Local Address: [redacted]

_____

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

Employer: _____

Name of Relative: _____ **Phone** (___)_____

Address: _____

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SCANNED
AUG 18 2023

VICTIM NOTIFICATION FORM

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

- **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**
- **Dating Violence**

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

1. Incident Report #: 23100480 Agency: PBSO
   Offense: Battery (Domestic)
   Suspect/Offender: Name (Last) [redacted] (First) [redacted] (Middle) [redacted]
   D.O.B. [redacted] Race: W Sex: F

2. Warrant #(s): 9005

3.a. Victim's name: Name (Last, First) [redacted] D.O.B. [redacted] Race: W Sex: F
   Address: [redacted]
   City: [redacted] State: FL Zip: [redacted]
   Home #: [redacted] Work #: Other:

b. Victim's next of kin, friend or neighbor: (Last) (First)
   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: Name (Last, First)

Deputy's Name: DUFORT I.D. # 9005 Date: 08/17/2023

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER [redacted]

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

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SCANNED AUG 18 2023

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	☐	316.650(b)	Other: Driver information contained in a uniform traffic citation.	
	☒	415.107(1)	Other: Vulnerable adult abuse records and reports.	1-5

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REVIEW COMPLETED BY

Booking Number: 2023021479	**Date:** 8/18/2023
	Specialist Name/ID: R.Castro/40259

SCANNED
AUG 18 2023