23CF2649AMB

JFF 0509754

PFF 1366

☐ 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

1 Juvenile ☐

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06-23050630

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

Multiple Clearance Indicator: 01

Location of Arrest (including Name of Business): 7900 DEL PRADO CIRCLE BOCA RATON, FL 33433

Location of Offense (Business Name, Address): 7695 STANWAY PL E Boca Raton, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/26/23	2245	03/26/2023		03/26/2023		N/A

DEFENDANT

Name (Last, First, Middle): NESSE MARISA

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	10/20/77	5'09	120	BLACK	BLACK	MED	THIN

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NONE

Marital Status: Married

Religion: Christianity

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk ☒; Drug Influence ☐ Y ☐ N ☐ Unk ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 7695 STANWAY PL E Boca Raton, FL 33432

Mobile Phone: 917-816-1922

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 7695 STANWAY PL E Boca Raton, FL 33432

Phone: 917-816-1922

Address Source: FL DL

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

Phone:

Occupation: Yoga instructor

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
N200543778800	[redacted]		Manhattan, NY	USA

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Name (Last) (1st NO BOND) (First) (Middle)

Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip)

Business Phone ( )

DOMESTIC

Notified by: (Name) Date Time

Juvenile Disposition: 1. Handled/Processed w/in Dept. and Released. 2. Turned Over to Parent/Guardian/Custodian/Agency 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 #
Aggravated battery	01	☒ Y ☐ N	784.045(1)(A)(2)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	23050630		

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

VICTIM NOTIFICATION REQUIRED

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) Date Signed: 03/26/23

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 I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): DORY J. I.D. #: 7784

Transcribing Officer: DORY J. I.D. #: 7784 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject refused to sign

SCANNED MAR 27 2023

PAGE 1 OF 1

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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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
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23050630

Charge Type: Check as many as apply: [X] 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
NESSE	MARISA	Q	F	10/20/77

CHARGES

Aggravated battery	784.045(2)

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
NESSE	Marcus	MARCUS	W	M	11/20/67

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
7695 STANWAY PL E	BOCA RATON, FL 33433			561-400-7675	FL DL

Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation
					Martial arts instructor

PROBABLE CAUSE STATEMENT

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

On the 26TH day of MARCH 2023 at 1045 [ ] A. M. [X] P.M. (Specifically include facts constituting cause for arrest.)

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

On the above date and time, I responded to7695 Stanway PL E, Boca Raton, FL in reference to a domestic battery that just occurred. Upon arrival I met with the complainant, Marcus Nesse who stated the following:

"My wife, Marisa Nesse hit me with a hammer on my head, just in front of my left ear. I was laying down with the lights off when I heard the door closing. I thought she might be going outside and I said have fun. She came out of the bathroom and hit me in the head. I protected myself from further hits and took the hammer from her. I called 911." Marcus advised that Marisa took off on foot and left the residence.

I observed a red bruise on the left side of Marcus's temple. He advised that he and Marisa have been married for twenty years. They have three children together and they all live together as a family.

Units searched the neighborhood and deputy Johnson ID# 7655 located Marisa at 7900 Del Prado Circle N, Boca Raton, FL.

Upon speaking with Marisa, she advised that she did not hit Marcus with the hammer and that she only had the hammer in her hands because she was fixing a broken shower.

I believe that probable cause exists to charge Marisa with the crime of Aggravated battery per FSS 784.045(2). I placed her under arrest. I then transported her to the Palm Beach County Jail for booking.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
DORY J. (ID #) 7784
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of March 2023 by DORY J. 7784
(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)

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: NESSE MARISA **DOB:** 10/20/77 **Case #:** 23050630

Name (Last, First)

Victim: NESSE Marcus **DOB:** 11/20/67 **Race:** W **Sex:** M

Relationship between Victim and Defendant: Husband and wife

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

911 Call: × Yes No **Caller:** NESSE MARCUS

Weapon Used: × Yes No **Type:** Hammer

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

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

Injuries: × Yes No **Description:** Abrasion/Bruise

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: Nothing happened

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

First words Victim said when you responded to scene: My wife hit me with a hammer on the side of my head

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) Victim was upset

× Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other

Victim Contact Information: (Last) NESSE (first) Marcus

Local Address: 7695 Stanway PL E Boca Raton, FL 33433

Phone: 561-400-7675

Employer: (Name) Martial arts instructor (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 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 #: **23050630** Agency: **PBSO**
   Offense: **Aggravated battery**
   Suspect/Offender: Name (Last) **NESSE** (First) (Middle) **MARISA**
   D.O.B. **10/20/77** Race: **W** Sex: **F**

2. Warrant #(s): _____
   Name (Last, First)

3.a. Victim's name: **NESSE** **Marcus** D.O.B. **11/20/67** Race: **W** Sex: **M**
   Address: **7695 STANWAY PL E**
   City: Boca Raton State: FL Zip: 33433
   Home #: **561-400-7675** 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) **NESSE** **Marcus**

Deputy's Name: **DORY J.** I.D. # **7784** Date: _____

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **NESSE** **MARISA**

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

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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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023007981	**Date:** 3/27/2023
	Specialist Name/ID: M. Tooks #8557