J# 0537890 23MM885MB P# 2643

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501600 | Agency Name: Juno Beach Police Dept | Agency Report Number (N.T.A.'s only): 06152 23-000057

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

If Weapon Seized: Enter Type: UNARMED | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 350 Celestial Way | Juno Beach FL 33408 | Location of Offense (Business Name, Address): 350 CELESTIAL WAY 1, JUNO BEACH, FL 33408

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/31/2023	~~04:12~~ 7:36	01/31/2023	04:22	/ / : :		

DEFENDANT

Name (Last, First, Middle): STEVENS, MATTHEW ANTHONY | Alias: | 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	M	11/18/1981	5'09	200	UNKNOW	BROWN	MEDIUM	MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | Marital Status: M | Religion | Indication of: Alcohol Influence ☐ Yes ☐ No ☐ Unk. ☒ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 350 CELESTIAL WAY 1, JUNO BEACH, FL 33408 | Phone: (215) 275-6475 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 350 CELESTIAL WAY 1, JUNO BEACH, FL 33408 | Phone: (215) 275-6475 | Address Source

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S315541814180 / FL	[redacted]		East Stroudsburg, PA	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
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian | Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Other Phone

No Bond VICTIM NOTIFICATION REQUIRED

Notified by: (Name) | Date | Time | JUVENILE DISPOSITION 1. Released 2. TOT JAC 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 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended | Grade

DOMESTIC

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. Disperses/ 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	Statute Violation Number	Violation of ORD #
BATTERY-SIMPLE (TOUCH OR STRIKE)	784.03(1)(A)(1)	~~784.03(1)(A)(1)~~

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
N	N	/		1	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries | Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room) | Court Date and Time

SCANNED JAN 2023

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

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | ID # | Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): BERLINGO, B. | I.D. #: 307

Transporting Officer: Klein | I.D. #: 302 | Agency: JUNO

Name Verification (Printed by Arrestee) (PRINT) JAN 31 AM 9:18

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ ARREST ☐ CLERK OF RECORDS ☐ JAIL ☐ PRETRIAL SERVICES ☐ P.D. ☐ DEFENDANT

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
01/31/2023 03:21	FL 0501600	JUNO BEACH POLICE DEPT	06152 23-000057

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
STEVENS, MATTHEW ANTHONY		W	M	11/18/1981

CHRG

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

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
HAMMILL, KATHRYN ELIZABETH	W	F	11/27/1983

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
350 CELESTIAL WAY 1, JUNO BEACH, FL 33408	(412) 600-4869	

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

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

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **FEARFUL**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **SPOUSE**

ADDITIONAL INFORMATION

		YES	NO	
PHOTOGRAPHS:	Scene:	☒	☐	
	Victim:	☒	☐	
911 CALL:		☒	☐	CALLER: **KATHRYN HAMMILL**
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: **TEDDY APPROX 1 Y/O**
H. R. S. NOTIFIED:		☐	☒	
VICTIM PREGNANT:		☐	☒	
VIOLATION OF RESTRAINING ORDER:		☐	☒	CASE #: **23-000057**
PRIOR HISTORY OF DOMESTIC VIOLENCE:		☒	☐	
ALCOHOL OR DRUGS INVOLVED:		☐	☒	

NARR

On Monday 1/31/23 at approximately 0031 hrs, I (Ofc. Berlingo) was dispatched to 350 Celestial Way Apt 1, Juno Beach, Palm Beach County, Florida in reference to a domestic disturbance. Upon my arrival, I was met by Kathryn Hammill (W/F, 11/27/83) .

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.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 31 day of January, 2023.

SGT GRAHAM #282 (M)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
01/31/2023 03:21		
Agency ORI Number	Agency Name	Agency Report Number
FL 0501600	JUNO BEACH POLICE DEPT	1652 23-000057

NARRATIVE

Hammill stated to me that she had gotten into an argument with her husband Matthew Stevens (W/M, 11/18/81) tonight in their residence over him arriving home over three hours late. Hammill stated that Stevens then proceeded to throw a glass of wine at her, kick her in the buttocks, pull her hair and scratch her on the right side of her chest. It should be noted that Hammill did have a visible scratch across the right side of her chest as well as her right arm . Pictures of the injury to Hammill were taken and placed into evidence.

Based upon my investigation, the defendant, Matthew A Stevens (11/18/81), did actually and intentionally strike the victim, Kathryn E Hammill (11/27/83), against her will, contrary to FSS 784.03 (1)(a)(1) and are family members pursuant to FSS 741.28.

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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.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 31 day of JANUARY, 2023.

SGT GRAHAM #282
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S S. 117.10)

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.

1. Incident Report #: 23-000057 Agency: Juno Beach
   Offense: Domestic Violence
   Suspect/Offender: Matthew Stevens
   D.O.B. 11/14/81 Race: White Sex: Male

2. Warrant #(s): _____

3.a. Victim's name: Kathryn Hammill D.O.B. 11/27/83 Race: W Sex: F
   Address: 350 Celestial Way Apt 1
   City: Juno Beach State: FL Zip: 33408
   Home #: (412) 600-4869 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

PSSO #0028A REV. 4/99

SUSPECT/OFFENDER: _____ (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: 2023002927	**Date:** 2/1/2023
	Specialist Name/ID: T.Howard/7185