23MM802AMB

☐ 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: FLO 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 0 6 - 23-030950

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

Location of Arrest (including Name of Business)

Location of Offense (Business Name, Address)

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
1/29/2023	2114	1/30/23				

DEFENDANT

Name (Last, First, Middle): Ciepiela Michael

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	12/05/1989	6'01	150	Brown	BROWN	White	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TAT LEFT LEG AND TAT ON SHOULDER

Marital Status: SINGLE

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: 2

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

Address Source: DL

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

Occupation: MANAGER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C140540894450 / FL			BUFFALO, 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
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: 01/29/2023 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 #
BATTERY: Simple / intentional touch-strike (DOMESTIC)	1	■ Y ☐ N	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23-030950		

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
			23-030950		

CHARGE

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		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			23-030950		

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
			23-030950		

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

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): D/S WALTHER I.D. #: 38633

Transporting Officer: D/S WALTHER I.D. #: 38633 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

SCANNED JAN 30 2023

PAGE 1 OF 1

PBSO #0148 REV. 04/22 DISTRIBUTION: WHITE- COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		1 Arrest / 2 NTA / 3 Request for Warrant / 4 Request for Capias	1	Juvenile	N
Agency ORI Number: FLO 5 0 0 0 0 0	Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number: 23-030950			

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
Ciepiela Michael		W	M	12/05/1989

CHARGES

Charge Description:

Charge Description:

Charge Description: BATTERY: Simple / intentional touch-strike (DOMESTIC) 784.03(1)(a)(1)

Charge Description:

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
Jenkins	Christina	Leigh	W	F	07/14/1980

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

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.
☐ 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 committed the below acts, resulting from my (described) investigation

On the 29TH day of JANUARY 20 23 at 2114 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

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

On January 29, 2023, at 2114 hours, I responded to [redacted] Unincorporated [redacted] in reference to a domestic dispute in progress.

Upon arrival, I spoke with Michael Ciepiela who stated that he and his girlfriend, Cristina Jenkins, were arguing about Ciepiela's past girlfriend. Ciepiela told me that the argument started to get heated and Jenkins began to break glass and pour his liquor down the sink. Ciepiela stated that he tried to recover the liquor from being poured down the sink and Jenkins began to argue with him again. At this moment, Ciepiela stated to me that he hit an alcoholic beverage can out of Jenkins's hand because she was aggressively walking toward him. Ciepiela stated that Jenkins had a laceration on her lip from this incident.

I then spoke with Jenkins who stated that she and Ciepiela were in an argument about his past girlfriend. Jenkins stated that she did break glass and pour his liquor down the sink. Jenkins said that Ciepiela aggressively approached her and then smacked a can out of her hand also hit her face and caused a laceration on her lip. I observed a small laceration on the right side of her bottom lip that was not bleeding at the time due to her already icing it.

I respoke with Ciepiela to clear up the conflicting stories. Ciepiela this time told me that he approached Jenkins at the sink to recover the liquor that was being poured down. Ciepiela stated that Jenkins was next to him with an alcoholic beverage in her hand and was yelling at him which caused him to finally "break" and slap the alcoholic beverage out of her hand that had hit her and caused the laceration.

Through the investigation, I find probable cause to charge Michael Ciepiela with violation of FSS 784.03(1)(a)(1) Battery due to Ciepiela intentionally striking Jenkins with the alcoholic beverage can in her hand that had hit her lip which caused a laceration on the right side of her bottom lip. Ciepiela was placed into handcuffs that were double-locked and checked for proper fit. Ciepiela was transported to Palm Beach County Main Jail where he was booked without incident.

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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 29TH day of JANUARY 20 _____ by D/S W. WALTHER

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

_____
D/S DOLCINE ID#7138
Notary Public, Clerk of Court, Officer (F.S.S) 117.10)

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004 REV. 04/22

Palm Beach County Sheriff's Office
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)
--Sexual Offense (Ch. 794)
--Attempted Sexual Offense
--Dating Violence
--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)

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

Agency Report #:	**23-030950**		Agency:	**PBSO**	
Incident Type:	**DOMESTIC BATTERY**				
Suspect/Offender:	**Michael**			**Ciepiela**	
DOB: **12/05/1989**		Race: **W**			Sex: **M**

Warrant # (s):

Victim: **Christina**	**Leigh**	**Jenkins**	DOB: **07/14/1980** Race: **W**		Sex: **F**
Address: [redacted]					
City: [redacted]		State: [redacted]		Zip: [redacted]	
Home #:		Work #:		Other [redacted]	

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.

Mark Yes for applicable boxes

____ Waiver: I choose not to be notified when the arrestee is release 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: **D/S W. WALTHER** I.D.# **38633** Date: **01/29/2023**

Suspect/Offender:

Court Case/Warrant #:
(FOR WARRANTS USE ONLY)

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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: Michael Ciepiela **DOB:** 12/05/1989 **Case #:** 23-030950

Victim: Christina Leigh Jenkins **DOB:** 07/14/1980 **Race:** W **Sex:** M

Relationship between Victim and Defendant: BOYFRIEND/GIRLFRIEND

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:** _____

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** [redacted]

Address: _____

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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.	1-5
	☐	(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: 2023002831	**Date:** 1/30/2023
	Specialist Name/ID: M. Tooks #8557