23mm3630

0540310 23mm3630 3731

☒ 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

Juvenile: 1 — N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLOT 5 0 1 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 - 23-065828

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: NA

Multiple Clearance Indicator: 0 1

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
05/08/2023	13:31					

DEFENDANT

Name (Last, First, Middle): Mills, Michael, A

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	1/25/1984	5'07	130	Green	Brown	Fair	Small Jam

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: Single — Religion: JEWISH

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

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]

Mobile Phone: (917) 972-6915

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

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

Phone: ( )

Address Source: New York Drivers License

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

Phone: ( )

Occupation: Real Estate

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
52988008, NY,	[redacted]		Queens, 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 — Time — Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. To DJJ 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) 355-5511) 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 X. 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 #
Simple Battery (Domestic)	01	☒ Y ☐ N	784.03 (1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23-065828		None

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): South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996

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: 05/08/2023

I consent to receive text reminders of court date(s) and times for this case by automated technology at the mobile number identified above. I understand that standard message rates may apply, and that I may revoke this consent via the opt-out message system if I choose. Signature

ADMIN

Law Enforcement Agency: [redacted]

Signature of Arresting Officer: X [signature]

Name Verification (Printed by Arrestee) (PRINT):

☐ Dangerous ☐ Resisted Arrest ☐ Material

Name of Arresting Officer (Print): D/S J. Saat #36201 — I.D. # 36201

PAGE 1 OF 1

Intake Deputy: [signature] — I.D. # — Pouch #

Transporting Officer: D/S J. Saat #36201 36201 — I.D. # — Agency: PBSO

Witness here if subject signed with an "X":

PBSO #3148 REV. 10/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

SCANNED 05/09/2023

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'23 MAY 9 AM6:18

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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: 23-065828			

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
Mills, Michael, A		W	M	1/25/1984

CHARGES

Charge Description	Charge Description
Simple Battery (Domestic) 784.03 (1a1)	
Charge Description	Charge Description

VICTIM

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

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
[redacted]	[redacted]	[redacted]
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	( )	**Unknown**

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 me 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 **8th** day of **May** 20 **23** at **13:25** ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

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

On 05/082023 at 12:46 hours, as a Deputy Sheriff assigned to PBSO's District 7's (Unincorporated Boca Raton, FL) road patrol, I was dispatched to a Domestic Battery/Dating Violence that occurred at [redacted] in [redacted], FL. Upon arrival I met with Arrestee, Michael Mills W/M, DOB: 01/25/1984. He stated that him and [redacted] got into a verbal fight earlier in the morning. This led to Mills going to the closet in an attempt to remove [redacted] clothing. In the process of attempting to retrieve the clothing, [redacted] scratched Mills on his right hand. Further investigation determined that this was inadvertent in an attempt to retrieve the clothing.

This incident led to a verbal altercation later on in the day, at approximately 11:45 hours. Mills was in his office, where he stated he had a soda. [redacted] wanted the soda and began to argue to Mills over it. [redacted] then proceeded to try and enter the office, which she stated she has permission to be in, since she stated she [redacted] since February 2023. When she was trying to enter the room, Mills stated he was trying to block her by pushing her out of the way since he did not want her in there. Mills then stated, after a few pushes and trying to "move" her out of the way, [redacted] fell backwards onto her tail bone. He stated he was trying to stop her from entering the room.

[redacted] stated that about an hour prior to Deputies arrival and her 911 call, she was trying to retrieve a soda, which she stated belonged to her. She knew the soda was in the office. That was when she attempted to go to the office, where Mills was to get a soda. [redacted] and Mills began to argue [redacted] said that was when Mills did not allow her to go into the office and began to push her. [redacted] stated Mills pushed her aggressively and hard causing her to fall on her tail bone causing severe pain. She demonstrated the push, describing how Mills pulled his arms back and then aggressively making contact with her arms and throwing her to the floor, then she landed on the floor and immediately felt pain in her tail bone. She also showed small lacerations and marks on her left knee, which she stated occurred during the pushing.

Both Mills and [redacted] stated they [redacted]

Based on my investigation, I find probable cause to arrest and charge Michael Mills with violating F.S.S. 784.03 (1a1), Simple Domestic Battery.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S J. Saat #36201
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of May 20 23 by D/S J. Saat
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: Known to me

#8382
Notary Public, Clerk of Court, Officer (F.S.S) 117.10)

PAGE 1 OF 1

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

AGENCY CERTIFIED COPY

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Mills, Michael, A **DOB:** 1/25/1984 **Case #:** 23-065828

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:** small marks on knee

Medical Treatment: ☒ Yes ☐ No

At Scene: ☒ Yes ☐ No **Paramedics:** Palm Beach County Fire Rescue Run 23055330

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: "I was pushing her and moving her out of the way to not get in the room."

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

First words Victim said when you responded to scene: "He threw me on the ground and I injured my tailbone"

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** [redacted] **Work** (___)___ -_____ **Cell** (___)___ -_____

Employer: _____

Name of Relative: _____ **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: **Mills, Michael, A** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#: _____

1. Incident Report #: **23-065828** Agency: _____
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: **Mills, Michael, A**
   D.O.B. **1/25/1984** Race: **W** Sex: **M**

2. Warrant # (s): _____

3.a. Victim's name: [redacted] D.O.B. [redacted] Race: W Sex: F
   Address: [redacted]
   City: [redacted]
   Home #- [redacted] Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____
   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: [redacted]

Deputy's Name: **D/S J. Saat** I.D.# **36201** Date: **05/08/2023**

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

PBSO 00629A REV. 4/99

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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	☒	FL Constitution, Article 1, 16(b)	Other: Marsy's Law	1-6
	☒	119.071(2)(j)	Other: The victim's address in a domestic violence action on petitioner's request	1-5

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REVIEW COMPLETED BY

Booking Number: 2023011990	**Date:** 5/9/2023
	Specialist Name/ID: R.Castro/40259