24MM 1151 MB

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE NH

ADMINISTRATION

OBTS Number:

Agency ORI Number: 0500200

Agency Name: Boca Raton Police Department

Agency Report Number (N.T.A.'s only): 3 | 2 | 2024-001632

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: UNARMED

Multiple Clearance Indicator: N

Location of Arrest (Including Name of Business): 4467 WOODFIELD BLVD, BOCA RATON, FL 33434

Location of Offense (Business Name, Address): 4467 WOODFIELD BLVD, BOCA RATON, FL 33434

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/09/2024	02:58					

DEFENDANT

Name (Last, First, Middle): BERKOWITZ, MICHELLE E

Alias:

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	10/12/1989	5'08	160	BROWN	BROWN	MEDIUM	Thin

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): N/A

Marital Status: S

Religion: Jew

Indication of: Alcohol Influence ☐ Yes ☐ No ☒ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 4467 WOODFIELD BLVD, BOCA RATON, FL 33434

Phone: (561) 213-3043

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 4467 WOODFIELD BLVD, BOCA RATON, FL 33434

Phone: (561) 213-3043

Address Source: Defendant

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

Phone:

Occupation:

D/L Number, State: 623545898720 / FL

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): Boca Raton, FL

Citizenship: US ✓

CODEF

Co-Defendant Name (Last, First, Middle):

Race	Sex	Date of Birth

☐ 1. Arrested ☐ 3. Felony ☐ 5 Juvenile ☐ 2. At Large ☐ 4. Misdemeanor

Co-Defendant Name (Last, First, Middle):

Race	Sex	Date of Birth

☐ 1. Arrested ☐ 3. Felony ☐ 5 Juvenile ☐ 2. At Large ☐ 4. Misdemeanor

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

Name (Last, First, Middle):

Residence Phone:

Address (Street, Apt. Number) (City) (State) (Zip): CH NO BOND

Business Phone:

Notified by: (Name) Date Time

JUVENILE DISPOSITION: ☐ Handled/Processed without Department and Released ☐ Other

Released To: (Name) Relationship Date Time

VICTIM NOTIFICATION REQUIRED

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:

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: BATTERY- BATTERY (SIMPLE)

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Statute Violation Number	Violation of ORD #	Bond
	N	/		1	☒ Y ☐ N		784.03(1A1)		

CHARGE

Charge Description:

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

Marsy's Law

CHARGE

Charge Description:

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

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Suicidal ☐ Drug Activities 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:

FILED PBC GUN CLUB
'24 FEB 9 AM 6:57

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): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time:

NR

No Photo Available

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

SCANNED

ADMIN

HOLD for Other Agency:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy: CO HUNTER I.D. # 7304 Pouch #

Signature of Arresting Officer:

Name of Arresting Officer (Print): KEENER, G. I.D. # 837

Transporting Officer: Almeida, T. I.D. # 877 Agency BRPD

Name Verification (Printed by Arrestee) (PRINT) FEB 09 2024

Witness here if subject signed with an "X".

PAGE 1 OF 1

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1732

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2024-001632

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
BERKOWITZ, MICHELLE E		W	F	10/12/1989

CHARGES

Charge Description	Charge Description
784.03(1A1) BATTERY- BATTERY (SIMPLE)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
BERKOWITZ, LISA FLEISIG	W	F	02/07/1955

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
4467 WOODFIELD BLVD, BOCA RATON, FL 33434	(561) 241-0518	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
		PHARMICIST

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 committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 9 day of February, 2024 at 02:58 (Specifically include facts constituting cause for arrest.)

MVR Available.

On 2/9/24 at approximately 0233 hours, I responded to 4467 Woodfield Blvd in reference to a domestic disturbance.

Upon arrival, I met with caller Lisa Berkowitz who advised her daughter, Michelle Berkowitz, had hit her. Lisa stated she and her daughter had been arguing about an interview she and her husband, Bruce Berkowitz, had set up for Michelle. Lisa said Michelle was delusional and believed the interview was her parents attempting to set her up with an older man. Lisa had gone to bed in the TV room next to the kitchen. Michelle approached Lisa and began screaming at her and behaving aggressively. Lisa said Michelle intentionally hit her on her right arm then threw a bowl in anger. Her husband later came to try to subdue Michelle. Lisa displayed her arm that had a red mark that appeared to be a handprint. Pictures were taken utilizing my MVR device and marked as Evidence.

I then spoke with Bruce who said he did not witness Michelle hitting Lisa but heard the commotion. Bruce showed where Michelle had smashed the glass in the kitchen and I observed the shards. He then stated he had grabbed Michelle by the shoulders to stop her during her outburst and tried to subdue her on the ground. Bruce had a small fresh laceration on his face he was unaware about. He advised it may have been acquired during the tussle. Pictures were taken utilizing my MVR device and marked as Evidence.

I next spoke with Michelle in her room. She confirmed that she believed her parents were attempting to set her up with an older man and was visibly angry about the situation. She advised she was mentally exhausted and upset. I asked if anything physical had occurred and if she had any injuries to her person. She stated she had not been injured and the only physical altercation had been when her dad grabbed her and placed her on

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

BAERGA, KEVIN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/09/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KEENER, GABRIELLE (837)
NAME OF OFFICER (PLEASE PRINT)

02/09/2024
DATE

SCANNED
FEB 09 2024

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

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2024-001632

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
BERKOWITZ, MICHELLE E		W	F	10/12/1989

PROBABLE CAUSE STATEMENT

the floor. I asked if she had hit her mother and she responded, "not intentionally". I further inquired as to what she meant by her statement and she advised she had thrown a glass that shattered and did not know if any of the pieces had hit her mother.

The investigation determined Michelle intentionally struck her mother Lisa against her will and was thus charged with domestic Simple Battery pursuant to F.S.S. 784.03(1A1). Michelle was placed into handcuffs, searched, and placed into the back of a marked patrol vehicle for transport to PBCJ.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

BAERGA, KEVIN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/09/2024
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KEENER, GABRIELLE (837)
NAME OF OFFICER (PLEASE PRINT)

02/09/2024
DATE

SCANNED
FEB 09 2024

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

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
- 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.

SUSPECT/OFFENDER: BERKOWITZ, MICHELLE (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#: _____

1. Incident Report#: 24-1632 Agency: BOCA RATON
   Offense: SIMPLE BATTERY - DOMESTIC
   Suspect/Offender: BERKOWITZ, MICHELLE E.
   D.O.B. 10/12/1989 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: BERKOWITZ, LISA D.O.B. 02/07/55 Race: W Sex: F
   Address: 4467 WOODFIELD BLVD
   City: BOCA RATON State: FL Zip: 33434
   Home#: _____ Work#: _____ Other: (561)302-0807

b. Victim's next of kin, friend or neighbor: BERKOWITZ, BRUCE
   Address: 4467 WOODFIELD BLVD
   City: BOCA RATON State: FL Zip: 33434
   Home#: _____ Work#: _____ Other: (561)302-0110

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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

SCANNED
FEB 09 2024

Printed name of person waiving notification: _____

Officer's Name: KEENER I.D.# 837 Date: 02/09/24

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

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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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- 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.

SUSPECT/OFFENDER: Berkowitz, Michelle COURT CASE/WARRANT#: _____ (FOR WARRANTS USE ONLY)

1. Incident Report#: 24-1632 Agency: Boca Raton
   Offense: Simple Battery - Domestic
   Suspect/Offender: Berkowitz, Michelle E.
   D.O.B. 10/12/1989 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: Berkowitz, Lisa D.O.B. 2/07/65 Race: W Sex: F
   Address: 9967 Woodfield Blvd
   City: Boca Raton State: FL Zip: 33434
   Home#: _____ Work#: _____ Other: (561) 302-0867

b. Victim's next of kin, friend or neighbor: Berkowitz, Brett
   Address: 9967 Woodfield Blvd
   City: Boca Raton State: FL Zip: 33434
   Home#: _____ Work#: _____ Other: (561) 568-0110

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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Kenek I.D.# 837 Date: 2/09/24

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

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SCANNED
FEB 09 2024

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024003684	**Date:** 2/9/2024
	Specialist Name/ID#: C. Daniels/ 30347

SCANNED
FEB 09 2024