50-2024-MM-003514AMB

0548886

200

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

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: 0 6 - 24056932

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: 1

Location of Arrest (Including Name of Business): 136 Elysium Dr Royal Palm Beach, FL 33411

Location of Offense (Business Name, Address): 136 Elysium Dr Royal Palm Beach, FL 33411

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/27/24	0521					

DEFENDANT

Name (Last, First, Middle): Izquierdo Monica Katherine

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	08/01/1979	5'06	130	brown	brown	FAIR	MEDIUM

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

Marital Status: Married | Religion: Catholic | Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk ☒ / Drug Influence ☐ Y ☐ N ☐ Unk ☒

Local Address (Street, Apt. Number): 136 Elysium Dr (City): Royal Palm Beach (State): FL (Zip): 33411

Mobile Phone: 561-808-6461

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

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

Phone

Address Source: FL DL

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

Phone

Occupation: Architect

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
I263551797810, FL	[redacted]		Oakland, NJ	US

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 ( )

(1) NO BOND

Notified by: (Name) | Date | 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 #
Simple Battery (Domestic)	1	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			24056932		

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)

Court Date and Time: Month Day Year Time A.M. ☐ P.M. ☐

FILED PBC - GUN CLUB '24 APR 28 AM 5:24

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: 04/27/24

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 ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Dept. | I.D. # | Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D/S K. De Jesus I.D. # 41509

Transporting Officer | I.D. # | Agency

Name Verification (Printed by Arrestee) (PRINT) APR 27 AM 8:13

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO 80148 REV. 01/23 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 24056932

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
IZQUIERDO	MONICA	KATHERINE	W	F	08/01/1979

CHARGES

Simple Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
IZQUIERDO MOLINA	TEODORO	FABIAN	W	M	02/25/1975

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
136 ELYSIUM DR	RPB/FL/ 33411			5617746707	VERBAL

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

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

On the 27TH day of APRIL 2024 at 05:15 ☑ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

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

On April 27, 2024 at approximately 5:15 am Palm Beach County Sheriff's Deputies were dispatched to 136 Elysium Drive, Royal Palm Beach, in Palm Beach County FL in reference to a domestic battery between wife and husband. Upon my arrival I made contact with the Monica Katherine Izquierdo who was already in custody, by D/S N. Munoz and Sgt. Valencia. Izquierdo was escorted to the back seat of my marked patrol vehicle, due to deputies developing probable cause for domestic battery.

I made contact with the victim (husband) who was identified by his FL DL as Teodoro Fabian Izquierdo Molina, who advised the following in a sworn BWC statement;
Molina informed me that his wife was upset and wanted to leave the house so she requested the keys to the car. Molina informed me that due to the fact that she had drank earlier and was still drunk, he did not feel comfortable allowing her to drive. Molina informed me that his wife got mad and stuck him in the face with an open palm one time. Molina said he was in shock and sat on the bed processing everything. In that moment, his son came out and thought Molina was not well so he called the police to ask for medical assistance. Molina informed me that his wife had never behaved in this manner and that they have a great home life. Molina also informed me that he was shocked because his wife had never his him or been abusive in any way.

I observed that Molina had a red marking on his left side of the face, which was consistent with his statement.

D/S Munoz made contact with Izquierdo, where she was read her Miranda warnings, which she stated she understood them. I made contact with Izquierdo where she advised the following;

Monica informed me that she became upset when her husband refused to give her the car keys because she did not believe she was drunk and wanted to drive. Monica informed me that she did strike her husband on the left side one time with open palm because she was upset and then immediately realized her mistake and felt ashamed. While speaking to Monica, I could smell an unknown alcoholic odor emanating from her breath when she spoke.

D/S Munoz photographed Molina's injures and were uploaded to evidence.com. A victims / rights brochure was given to Molina.

At this time probable cause exists to charge Izquierdo with Domestic battery pursuant to FSS 784.03 1a1 and she was transported to the Palm Beach County Jail where she was turned over to the correctional staff.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

_____ (ID #) 41509
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27TH day of APRIL 2024 by D/S J. STREETER

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

_____ # 31837
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

PBSO #0004 REV. 01/23 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: IZQUIERDO MONICA KATHERINE **DOB:** 08/01/1979 **Case #:** 24056932

Name (Last, First)

Victim: IZQUIERDO MOLINA TEODORO **DOB:** 02/25/1975 **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:** Juan Izquierdo

Weapon Used: Yes × No **Type:**

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

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:** **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:

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

First words Victim said when you responded to scene: BWC

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: (Last) IZQUIERDO MOLINA (first) TEODORO

Local Address: 136 Elysium Dr. Royal Palm Beach FL 33411

Phone: 5617746707

Employer: (Name) (Employer Address)

Name of Relative: (Last) (First) **Phone:**

Address:

PBSO #0004A REV 05/11

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PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)
CASE INFORMATION FORM

Date:	Time:	Case #:
4/27/24	5:00 AM	24-056932

CHECK ONE: ☑ PERSON CRIME ☐ PROPERTY CRIME ☐ NON-CRIME CASE

Deputy:	ID#:	Dist. / Div.	Phone:	Case Type/Offense/Crime (do not use signal code):
K. DeJesus	41509	D 9	561-688-3000	Battery-Domestic

☑ Victim ☐ Witness • Name (Last, First, M.):	Race:	Sex:	D.O.B.:	Phone:
Teodoro Fabian Izquierdo Molina	W	M	2/25/75	561 425 2956

Victim/Witness Address:	City/State/Zip
136 Elysium Dr	Royal Palm Beach, FL, 33411

DEPUTY TO VERIFY AND CHECK APPLICABLE BOX(ES) – VICTIM/WITNESS TO INITIAL APPLICABLE SECTIONS – WRITE LEGIBLY

A ☑ VICTIM / WITNESS RIGHTS BROCHURE – ACKNOWLEDGEMENT

***BROCHURE TO BE PROVIDED TO ALL CRIME VICTIMS AND/OR WITNESSES* (PBSO #0147)**

I, [Initials TI], have received a copy of the Victim Rights Brochure and/or acknowledge I can view electronically via **www.pbso.org**.

B ☐ VICTIM NOTIFICATION (V.I.N.E.) – FOR CORRECTIONS TO CONTACT VICTIM UPON JAIL RELEASE

REQUIRED IF ARREST OR WARRANT FOR HOMICIDE, ATTEMPTED MURDER, SEXUAL OFFENSES, ATTEMPTED SEXUAL OFFENSES, STALKING, DOMESTIC/DATING VIOLENCE - TO INCLUDE ANY ASSAULT, AGG. ASSAULT, BATTERY, AGG. BATTERY, SEXUAL ASSAULT, SEXUAL BATTERY, STALKING, AGG. STALKING, VIOLATION OF NCO OR INJUNCTION, 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.

Suspect Name (Last, First, M.):	Race:	Sex:	D.O.B.:
Izquierdo, Monica, K	W	F	8/1/79

I understand that I may be notified when the arrestee is released from PBSO custody at the phone number provided above.
I request the following person be notified if I was not contacted (optional):

FILED PBS. GUN CLUB
'24 APR 28 AM 5:25

Name: _____ Address: _____ Primary Phone: _____
(Next of Kin/Neighbor/Friend/etc.)

(optional) I choose **NOT** to be notified when the arrestee is released from custody. [Initial_____]

Deputy to check one: (✓) ARREST or ( ) WARRANT #_____

C ☐ MARSY'S LAW – CONFIDENTIAL VICTIM INFORMATION – FL Constitution, Article 1, §16(b)

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, [Initials Refused] request confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:
As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number and work and business addresses of me and my family be redacted from my records indefinitely, if my records are requested pursuant to a public records request.

D ☐ CONFIDENTIAL VICTIM INFORMATION – FS 960 – ONLY APPLIES TO SPECIFIC CRIMES LISTED BELOW

CRIME REPORT ONLY - MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, [Initials Refused], as a victim (or spouse/former spouse) of **Harassment** (FSS 784.048(1)(a)), **Sexual Battery**, **Aggravated Child Abuse**, **Domestic Violence** (live together, lived together or have a child in common), **Aggravated Stalking** (FSS 784.048 (3)(4)), or **Aggravated Battery** (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

E ☐ AUTHORIZED RECORD EXEMPTION(S) - PUBLIC RECORDS ACT - FS 119.071(4)(d) – VERIFY EMPLOYMENT

CRIME OR NON CRIME REPORT - MUST FIT THE CRITERIA DESCRIBED

I, [Initials_____], attest that I am an individual exempt under FS 119.071(4)(d) (to include a spouse or child of), a current or former **Law Enforcement Officer, Firefighter, Justice or Judge, General Magistrate, Code Enforcement Officer, Child Enforcement Hearing Officer, State Attorney, Public Defender, U.S. Attorney, U.S. Judge, U.S. Magistrate**, or other authorized person and hereby request my information be redacted from public record.

CURRENT or FORMER exempt position: _____ Name of current or last agency: _____

SIGN BELOW

I have read and initialed the applicable section(s) and sign of my own free will (if a minor, a parent or guardian must sign):

MY SIGNATURE: X _____ Date: 04/27/24

Print Parent/Guardian/Next of Kin name (if applicable):

Deputy Signature: _____ ID#: 18796

► ***If Criminal Case:***
Scanned to Victim Advocate by ID#: _____

WHITE – CENTRAL RECORDS YELLOW – CORRECTIONS PINK – VICTIM/WITNESS

PBSO#0028 REV.09/23

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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: 2024011342	**Date:** 4/28/2024
	Specialist Name/ID#: MTooks #8557