~~0559066~~ 0559100 25 CR 4876 16004

☒ Marsy's Law CVI FL. Const. Art.1 § 16(b) ☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 25071342

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: 3

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
06/17/25	02:51					

DEFENDANT

Name (Last, First, Middle): [redacted] 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	12/14/1988	5'06	150	BROWN	RED	MEDIUM	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TATTOO ON WRIST, BACK, FOOT, AND RIGHT RIB CAGE

Marital Status: Married — Religion: Christianity

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

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

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): [redacted] — Phone:

Address Source: FL DL

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

Occupation: STAY AT HOME

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
F425632889540, FL	[redacted]		HOLLYWOOD, FL	USA

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ 1. ☐ 2.	☐ 3. ☐ 4. ☐ 5.
Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ 1. ☐ 2.	☐ 3. ☐ 4. ☐ 5.

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) CINO (First) BOND (Middle) # 3 — Residence Phone ( )

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

VICTIM NOTIFICATION REQUIRED

Notified by: (Name)	Date	Time	Juvenile Disposition: 1. Handled/Processed with 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 #
CHILD NEGLECT W/O GREAT BODILY H	3	☒ Y ☐ N	827.03 (2)(D)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		25071342		

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

SCANNED JUN 17 2025

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 JUN 17 2025 CIRCUIT & COUNTY COURTS CRIMINAL DIV

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: 06/17/25

FILED PBC - GUN CLUB '25 JUN 17 AM 8:46

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: BAKER ACT

Signature of Arresting Officer: x D/S A. M 35380

Name Verification (Printed by Arrestee) (PRINT) JUN 17 PM 8:46

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print) I.D. #: D/S A. MATTHEWS 35380

Intake Dept. I.D. # Pouch #: CI Booking 7506

Transporting Officer I.D. # Agency: D/S A. MATTHEWS 35380 PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 01/23 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 25071342

ChargeType: Check as many as apply. [X] 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
[redacted]	Laura	W	F	12/14/1988

CHARGES

CHILD NEGLECT W/O GREAT BODILY HAR 827.03 (2)(D)

VICTIM

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

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
[redacted]		OTHER

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

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

On the 17 day of JUNE 2025 at 02:51 [X] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On Tuesday, June 17, 2025, at approximately 02:05 hrs, I responded to [redacted] in reference to a domestic incident that had just occurred.

Upon my arrival, I made contact with [redacted] who was standing outside of the residence with [redacted] stated to me that [redacted] identified as [redacted] and him were in a verbal argument inside their bedroom earlier in the night. [redacted] continued to say that [redacted] came at him, pinning him down on the bed, before he pushed her off of him to avoid any more physical altercations. As [redacted] was leaving the bedroom, [redacted] started screaming and throwing items all over the room, eventually throwing a cell phone into the television. [redacted] left the residence and walked over to the community clubhouse to give himself time to decompress from the incident that had just occurred. He then stated to me that he saw [redacted] leaving the community in their white minivan that they both share, so he returned to the residence to find [redacted] on the phone with 911. [redacted] did explain to me that [redacted] has been suffering from mental health problems, and cut her wrists back in April and had to be Baker Acted. [redacted] thought that she was taking her medication on a regular basis, but mentioned [redacted] started "some religious stuff," and she hasn't been the same since.

While I was speaking with [redacted] arrived back at the residence in the minivan. I asked [redacted] what had happened, and she stated that [redacted] and she had gotten into an argument over her trying to show [redacted] how to do something. [redacted] stated that [redacted] did not like the way that she was "teaching" him, and started to get verbally aggressive with him, and then threw her to the floor. [redacted] then told me that she started to throw items around the room because she "snapped" and that was her coping method. [redacted] stated to me that she was taking glass bottles of perfume and hitting her head with them. Once she heard [redacted] leave and she was done throwing items, she then took the white minivan, and went to a local church down the street to pray, leaving [redacted] 3 children, [redacted] and [redacted] home alone with no adult supervision.

NOT A CERTIFIED COPY

SCANNED
JUN 17 2025

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S A. MATTHEWS D/S A. [redacted] 35380 (ID #) 35380
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of JUNE 2025 by D/S A. MATTHEWS 35380

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

D/S J. FRANCIS #20627
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 25071342

Charge Type (Check as many as apply): [x] 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
[redacted]		W	F	12/14/1988

CHARGES

CHILD NEGLECT W/O GREAT BODILY HAR 827.03 (2)(D)	

VICTIM

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

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
[redacted]					OTHER

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.
[x] was found to have commited the below acts, resulting from my (described) investigation.

On the 17 day of JUNE 20 25 at 02:51 [x] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

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

I then spoke with [redacted] stated to me that he heard [redacted] arguing inside their room. [redacted] continued to state to me that he took out his headphones and heard items being thrown around the room. [redacted] then heard [redacted] leave the house, and then shortly after, heard [redacted] leave. Once [redacted] heard them both leave, he came out of his room and found [redacted] was in the house or outside. [redacted] being scared and not knowing what to do, called 911 for help. [redacted] returned to the residence to see [redacted] looking out of his bedroom window at the street, wondering when [redacted] were going to return. [redacted] then stayed with [redacted] until I arrived on the scene. [redacted] also stated to me that he observed [redacted] drinking "a lot of alcohol" before she got in the car and driving away.

Based on my investigation, I find probable cause to charge [redacted] with the following charges:

(3) counts of child neglect without causing great bodily harm pursuant to F.S.S 827.03 (2)(D) for willfully and intentionally leaving the residence and knowingly leaving [redacted], and [redacted] home alone with no adult supervision.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S A. MATTHEWS (ID #) 35380
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of JUNE 20 25 by D/S A. MATTHEWS 35380
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

D/S J. FRANCIS #20627
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 committed:

- **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**
- **Dating Violence**

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

1. Incident Report #: 25071342 Agency: PBSO
   Offense: child Abuse
   Suspect/Offender: [redacted]
   D.O.B. 12/14/1985 Race: White Sex: Female

2. Warrant #(s): _____

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

   b. Victim's next of kin, friend or neighbor: [redacted]
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: [redacted] 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: verbal

Printed name of person waiving notification: _____

Deputy's Name: D/S A. Matthews I.D. # 3536 Date: 6-17-25

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #:

NOT A CERTIFIED COPY

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)
- **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**
- **Dating Violence**

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

1. Incident Report #: 250 71342 Agency: PBSO
   Offense: Child Abuse
   Suspect/Offender: [redacted]
   D.O.B. 12/14/1988 Race: white Sex: female

2. Warrant #(s): _____

3.a. Victim's name: [redacted] D.O.B. _____ Race: _____ Sex: _____
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: [redacted] (father)
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: [redacted] 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: verbal

Printed name of person waiving notification: _____

Deputy's Name: D/S A. Matthews I.D. # 35380 Date: 6-17-25

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #: _____

NOT A 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: [redacted] DOB: 12/14/1988 Case #: 25071342

Victim: [redacted] DOB: [redacted] Race: W Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene × Yes No Victim Yes × No Defendant × Yes No

911 Call: × Yes No Caller: [redacted]

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: [redacted] got in a fight and I left

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

First words Victim said when you responded to scene: I did not know where [redacted] went so I called 911 because I was scared

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: [redacted]

Local Address: [redacted]

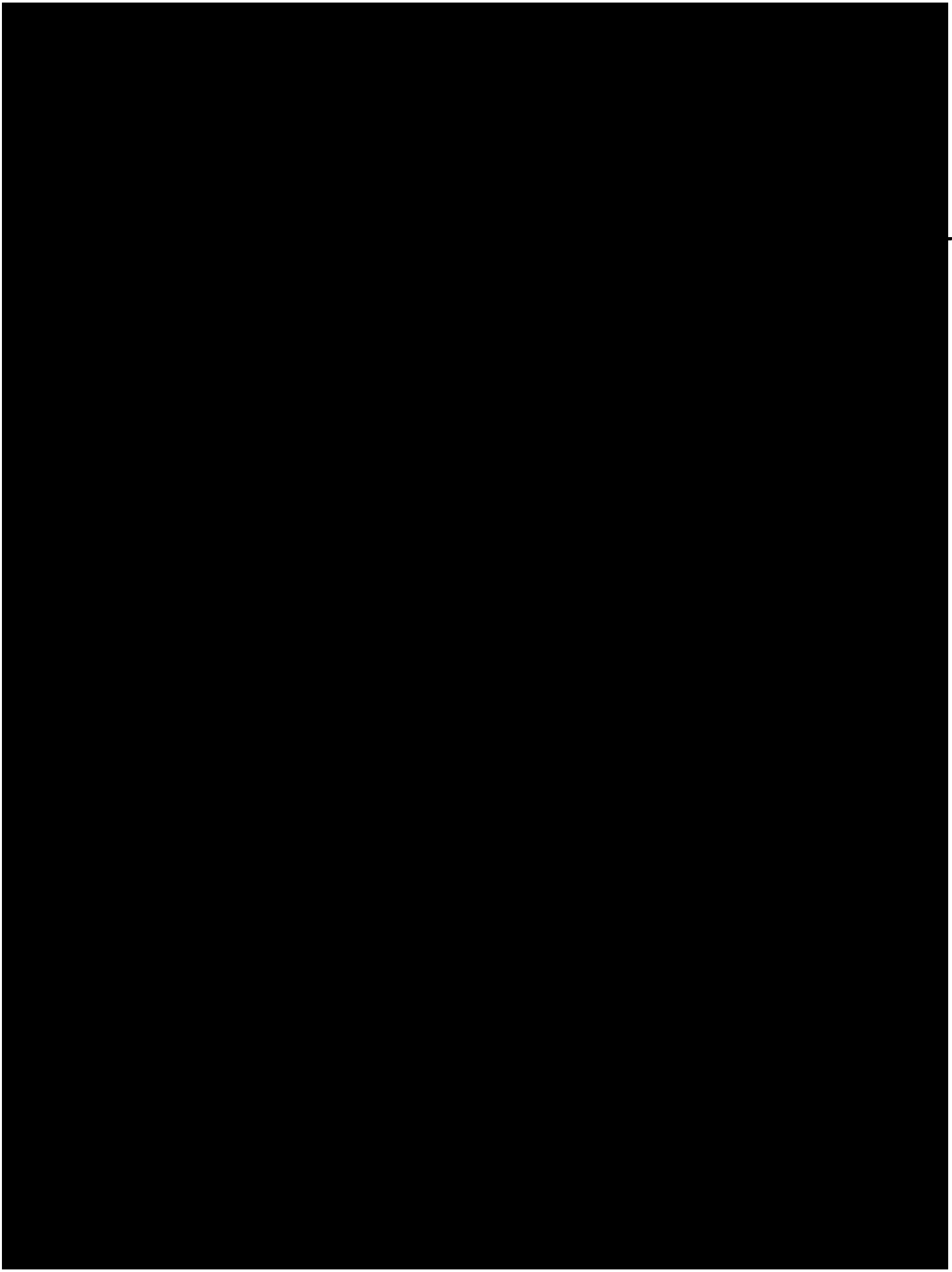
Phone: Home (___)___-_____ Work (___)___-_____ Cell _____

Employer: _____

Name of Relative: [redacted] Phone [redacted]

Address: [redacted]

NOT A CERTIFIED COPY



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)	1-10
	☐	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	1-10
	☒	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	1-10
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2025015921	**Date:** 6/17/2025
	Specialist Name/ID#: MTooks #8557