50-2023-MM-003031ASB

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

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OSTE Number

1. Arrest 3. Recheck for Warrant 1
2. N TA 4. Recheck for Capias

Juvenile

ADMINISTRATIVE

Agency ORI Number: FLCH 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 8 -I- 23058415 ( )

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): 9843 PAVAROTTI TER # 101 - BOYNTON BEACH, FL 33437

Location of Offense (Business Name, Address): 9843 PAVAROTTI TER # 101 - BOYNTON BEACH, FL 33437

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/17/2023	2138					

DEFENDANT

Name (Last, First, Middle): BRANT STACY

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	12/11/1953	5'3	110	Brown	Blonde	Fair	Small

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

Marital Status:

Religion:

Indication of Alcohol Influence: Y N Unk

Drug Influence: Y N Unk

Local Address (Street, Apt. Number): 9843 PAVAROTTI TER # 101

(City): BOYNTON BEACH, FL 33437

(State): (Zip):

Mobile Phone: (718) 869 - 0248

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

Permanent Address (Street, Apt. Number): 9843 PAVAROTTI TER # 101

(City): BOYNTON BEACH, FL 33437

(State): (Zip):

Phone: (718) 869 - 0248

Address Source: FL DL

Business Address (Name, Street):

(City): (State): (Zip):

Phone: ( )

Occupation:

DL Number, State: B753785539510

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State):

Citizenship: YES

CO-DEFS

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. YOT HRS/DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

1. NO BOND
2. OR
3. OR

This 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) 355-4311) informed of any changes of address.

Yes, by: (Name) No (Reason)

School Attended: Grade:

Property Owned? Yes No

Description of Property:

Value of Property:

CODE

Drug Activity: S. Sell, B. Buy, T. Traffic, P. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other

Drug Type: 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 #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
ASSAULT ON LEO	1	Y N	784.07(2A)		N	N		23-05841		
RESIST W/O VIOLENCE	1	Y N	843.02		N	N		23-05841		
MISUSE 911	1	Y N	365.172(8) 14 (WA)		N	N		23-05841		
		Y N								

NOTICE TO APPEAR

Location (Court, Room Number, Address): SOUTH COUNTY COURT HOUSE - 200 W. ATLANTIC AVE - DELRAY BEACH, FL 33444

Court Date and Time: Month May Day 23rd Year 2023 Time 08:30 A.M. [X] 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/Guardian) Date Signed

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 at any time.

Signature

ADMIN

HOLD for other agency:

Dangerous Resisted Arrest
Suicidal Other

Signature of Arresting Officer: x D/S [illegible] 7047

Name of Arresting Officer (Print): D/S J. SHEARS I.D. # 7047

Name Verification (Printed by Arrestee) (PRINT):

Name Deputy: Bonilla I.D. # 8341 Branch #

Transporting Officer I.D. # Agency 9550

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO 40148 REV. 1/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N TA, 3 ONLY)

AMADOR 9440

NOT A CERTIFIED COPY

FILED PBC - GUN CLUB
'23 APR 18 AM6:04

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile

ADMIN

Agency ORI Number: FLO500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 23058415

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
BRANT	STACY	W	F	12/11/1953

CHARGES

Charge Description		Charge Description	
Assault ON LEO	784.07(2A)	Resisting Officer without Violence	843.02
MISUSE 911	365.172(13)		

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA			

Local Address (Street, Apt Number) (City) (State) (Zip) | Phone ( ) | Address Source

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

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:

- [X] committed the below acts in my presence.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [ ] confessed to _____ admitting to the below facts.
- [X] was found to have committed the below acts, resulting from my (described) investigation.

On the 17th day of April 20 23 at 9:38 [ ] A.M [X] P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On April 17th 2023 at approximately 9:40 p.m., I assisted with a suicidal assessment case with D/S K. Noel ID 7660. D/S Noel stated the following:

D/S Noel explained that while trying to complete a Baker Act assessment on the above subject, Stacy Brant, Stacy had tried to walk back into her residence after D/S Noel told her that she was not free to go; making observations of possible alcohol impairment while still investigating the above mentioned incident. D/S Noel stated that Stacy had stuck her right hand out towards his chest area in attempt to prevent D/S Noel from stopping her from entering the residence as Stacy was attempting to open the screen door into the residence. D/S Noel stated that he took control of Stacy by her wrist; with only his thumb and first two fingers and gently redirected Stacy away from him; Stacy had therefore assaulted D/S Noel by sticking her hand in and or out towards his chest; while being verbally abusive and argumentative, etc. D/S Noel prevented Stacy from battering him by immediately taking control of Stacy's wrist and turning Stacy to the side with little to no pressure; no use of control; no wrist lock had been utilized; no complaint of injury either. D/S Noel stated that while speaking to Stacy, she had called 911; in his presence; which D/S Noel could clearly see "911" on her cell phone.

D/S Amadon # 9440 responded and attempted to conduct a D.U.I. investigation. Stacy Brant refused to comply with D/S Amadon investigation and as he attempted to place her under arrest she attempted to pull away from and prevent him from handcuffing her.

Investigation found probable cause for the following charges listed above.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S J. SHEARS 7697 D/S

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of April 20 23 by Known

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

Notary Public, Clerk of Court, Officer (F.S. 92.50, 117.10)

PAGE 1 OF 1

PBSO #0004 REV.4/03 DISTRIBUTION: STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'S ONLY)

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	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023010063	**Date:** 4/18/2023
	Specialist Name/ID: R.Castro/40259