0539300 23MM2470AMB 3364

☒ 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	06-23051467

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

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
1711 6th AVE S, LAKE WORTH BEACH 33460	1711 6th AVE S, LAKE WORTH BEACH 33460

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/29/23	0958					

DEFENDANT

Name (Last, First, Middle): KLEIN STEPHEN

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	05/30/1959	5'09"	165	BROWN	BROWN	LIGHT	SMALL

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

Marital Status: Married — Religion: JEWISH — Indication of: Alcohol Influence ☐ Y ☒ N ☐ Unk; Drug Influence ☐ Y ☒ N ☐ Unk

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Mobile Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
235 CARDINAL DRIVE	CONSHOHOCKEN	PA	19428	2157780334	

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

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
	[redacted]		NEWYORK, NEWYORK	YES

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) (First) (Middle) — Residence Phone ( )

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

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/Derv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DOMESTIC SIMPLE BATTERY	01	☒ Y ☐ N	784.03(1)(A)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23051467		

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

DOMESTIC

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

VICTIM NOTIFICATION REQUIRED

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

FILED PBC - GUN CLUB
'23 MAR 30 AM 6:04

NOTICE TO APPEAR

Location (Court, Room Number, Address): TO BE SET

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: 03/29/23

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	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
	X 32491	(PRINT) SCANNED MAR 30 2023
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:	Name of Arresting Officer (Print) W.ROTHMAN I.D. # 32491	PAGE 1 OF 1
Intake Deputy I.D. # Pouch #	Transporting Officer I.D. # Agency PBSO	Witness here if subject signs with an "X"

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

Rothman 32491

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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: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 23051467

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
KLEIN STEPHEN		W	M	05/30/1959

CHARGES

DOMESTIC SIMPLE BATTERY 784.03(1)(A)(1)

VICTIM

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

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

Business Address (Name, Street): [redacted] (City): [redacted] (State): [redacted] (zip): [redacted] Phone: [redacted] Occupation: [redacted]

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 29 day of march 2023 at 1000 ☑ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

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

On 03/29/2023 at approximately 0937 hours I was dispatched to Terraces Of Lake Worth located at 1711 6th Avenue South, Lake Worth Beach, Palm Beach County, in reference to domestic violence.

Upon arrival, I met the victim who identified herself with a Florida Drivers license as [redacted]. The following is what [redacted] stated (not verbatim). [redacted] just got done working a long shift, and decided to come visit her [redacted] who is a patient at this assisted living facility. Upon [redacted] arriving at Terraces she was met by her [redacted] Stephen Klein in [redacted] was upset about the way [redacted] was sitting, and was upset about [redacted] attempting to remove her oxygen from her nose. [redacted] attempted to stop [redacted] from doing this. Stephen was upset that [redacted] attempted to stop Joan from removing the oxygen. Stephen then told [redacted] to stop at which point she did, but began to take photos of [redacted] Stephen then grabbed [redacted] phone from out of her hand. [redacted] then attempted to get her phone back. This is when a fight ensued. [redacted] sustained minor abrasions to her right arm approximately four inches long. [redacted] also sustained smaller 2-inch long abrasions on the left side of her neck.

I then spoke to Stephen who advised he is the care taker of [redacted] and was unhappy with [redacted] taking photos of him, and [redacted]. This is when Stephen grabbed [redacted] phone from out of her hand. This is when a fight ensued. Stephens watch broke during this fight. Stephen also sustained a small abrasion to his right arm.

At this time I found probable cause to arrest Stephen for simple domestic battery pursuant to FSS 784.03 (1)(A)(1).

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
W.ROTHMAN (ID #) 32491
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of March 20 23 by W.ROTHMAN 32491
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

40216
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: KLEIN STEPHEN **DOB:** 05/30/1959 **Case #:** 23051467

Name (Last, First)

Victim: [redacted] [redacted] **DOB:** [redacted] **Race:** W **Sex:** F

Relationship between Victim and Defendant:

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

911 Call: Yes × No **Caller:**

Weapon Used: Yes × No **Type:**

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

Victim Pregnant: Yes × No **If yes,** weeks months

Injuries: × Yes No **Description:** red marks to face and neck

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: he wanted her to stop yelling

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

First words Victim said when you responded to scene: it started with a verbal argument

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) [redacted] (first) [redacted]

Local Address:

Phone: [redacted]

Employer: (Name) (Employer Address)

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

Address:

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

1. Incident Report #: **23051467** Agency: **PBSO**
   Offense: **DOMESTIC SIMPLE BATTERY**
   Suspect/Offender: Name (Last) **KLEIN** (First) **STEPHEN** (Middle)
   D.O.B. **05/30/1959** Race: **W** Sex: **M**

2. Warrant #(s):

3.a. Victim's name: Name (Last, First) [redacted] D.O.B. [redacted] Race: **W** Sex: **F**
   Address: [redacted]
   City: State: Zip:
   Home #: [redacted] Work #: Other:

b. Victim's next of kin, friend or neighbor: (Last) (First)
   Address:
   City: State: Zip:
   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: Name (Last, First) [redacted]
Deputy's Name: **W.ROTHMAN** I.D. # **32491** Date:

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **KLEIN** **STEPHEN**

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

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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	3-6
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023008229	**Date:** 3/30/2023
	Specialist Name/ID: Pinkneya/7796