0548016 24 CF 2434 MB 186

☒ 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 - 24-046142

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

If Weapon Seized — Enter Type

Multiple Clearance Indicator: 03

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
03/22/24	2339					

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	[redacted]	5'08	190	BRN	BRN	FAIR	MEDIUM

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

Marital Status: Married — Religion: None — Indication of: Alcohol Influence ☐ Y ☒ N ☐ Unk; Drug Influence ☐ Y ☒ N ☐ Unk

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
[redacted]	[redacted]		SAN DIEGO, CA	USA

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
No Bond					
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 ( )

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 1

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Aggravated Assault with Firearm	02	☒ Y ☐ N	784.021(1)(a)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		24-046142		

CHARGE 2

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
CHILD ABUSE WO GBH	01	☒ Y ☐ N	827.03(2c)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		24-046142		

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)

FILED PBC CIR CLK
'24 MAR 23 AM 7:13

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

03/22/24

Signature of Defendant (or Juvenile and Parent/Custodian) — 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 if I choose. — Signature

ADMIN

HOLD for other agency

Signature of Arresting Officer: X [redacted]

Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): D/S MANISCALCO — I.D. # [redacted]

Intake Deputy — I.D. # — Pouch # — Transporting Officer: MANISCALCO — I.D. # [redacted] — Agency: 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)

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24CF2434MS

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- 24-046142

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

[redacted] | Alias: | Race: W | Sex: F | Date of Birth: [redacted]

CHARGES

Aggravated Assault with Firearm — 784.021(1)(a)

Child Abuse (w/o GBH) — 827.03(2c)

VICTIM

[redacted] | Race: W | Sex: M | Date of Birth: [redacted]

Home Address (Street, Apt. Number): [redacted] (City) (State) (zip) | Phone: [redacted] | Address Source: VERBAL

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

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 22nd day of March 2024 at 2327 [ ] A. M. [X] P.M. (Specifically include facts constituting cause for arrest.)

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

On 3/22/2024 at 2327 hrs a 911 call was made by victim [redacted] from his home of [redacted] located in the [redacted] Palm Beach County, Florida. On 911 [redacted] reported that he awoke to his [redacted] (defendant [redacted]) having a mental episode and had a firearm in her hand and had pointed the firearm at him and defendant's 14 year old [redacted] victim [redacted].

Upon my arrival, I met with victim [redacted] and [redacted] who stated the following which was recorded with my Body Worn Camera: [redacted] was sleeping in the bed when he awoke to defendant sitting on the bed facing him, accusing him of being a "monster" and hurting her [redacted]. When she stood up he noticed she was holding a firearm which belonged to him, which he knows to be kept loaded. [redacted] pleaded with defendant and defendant continued accusing him. Defendant then pointed the firearm directly at him and had her finger on the trigger which caused him fear. She eventually put the firearm down to her side. [redacted] called out to defendant's 14 year old [redacted] exited his room and saw defendant with the firearm. [redacted] asked defendant to put the gun down and defendant refused. Defendant then pointed the firearm directly at [redacted] and accused him of being a "monster" and hurting her [redacted] then lunged at defendant, pinned her to the wall, and was able to remove the firearm from her possession. [redacted] secured the firearm in his safe and called law enforcement. [redacted] and Defendant live together as a [redacted] in the same household.

Defendant [redacted] did intentionally and unlawfully threaten by act to do violence to the person of victim [redacted] coupled with an apparent ability to do so, and did point a loaded firearm, which created a well-founded fear in [redacted] that such violence was imminent, and further did commit the assault with a Firearm, a deadly weapon, contrary to Florida Statute 784.021 (1)(a).

Defendant [redacted] did intentionally and unlawfully threaten by act to do violence to the person of victim [redacted] coupled with an apparent ability to do so, and did point a loaded firearm, which created a well-founded fear in [redacted] that such violence was imminent, and further did commit the assault with a Firearm, a deadly weapon, contrary to Florida Statute 784.021 (1)(a).

Defendant [redacted] did intentionally inflict physical or mental injury upon [redacted] a child and did an intentional act that resulted or could have reasonably been expected to result in physical and mental injury to [redacted] a child, contrary to Florida Statute 827.03(1)(b) and (2)(c).

The Victims' Rights form was explained and provided to the victims. Both victim's invoked their rights under Mary's Law. Both victim's meets the criteria for a Specified Crimes and invoked their rights. The incident was recorded using a BWC.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S MANISCALCO _____ (ID #) 7304
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of MARCH 20 24 by D/S MANISCALCO 7304

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

CPL GONZALEZ 18414 _____ #18414
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	Juvenile	N
Agency ORI Number: FLO 500000	Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number: 06- 24-046142			
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

[redacted]	Alias	Race: W	Sex: F	Date of Birth: [redacted]

CHARGES

Aggravated Assault with Firearm	784.021(1)(a)

VICTIM

Victim's Name (Last, First, Middle): [redacted]				Race: W	Sex: M	Date of Birth: [redacted]
Home Address (Street, Apt. Number): [redacted]	(City)	(State)	(zip)	Phone: [redacted]	Address Source:	
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 22nd day of March 2024 at 2327 [ ] A.M. [x] P.M. (Specifically include facts constituting cause for arrest.)

[x] Mary's Law CV
FL. Const. Art.1 § 16(b)

On 3/22/2024 at 2327 hrs a 911 call was made by victim [redacted] from his home of [redacted] located in the [redacted] Palm Beach County, Florida. On 911 [redacted] reported that he awoke to his [redacted] (defendant [redacted] having a mental episode and had a firearm in her hand and had pointed the firearm at him and defendant's 14 year old [redacted], victim [redacted]).

Upon my arrival, I met with victim [redacted] and [redacted] who stated the following which was recorded with my Body Worn Camera: [redacted] was sleeping in the bed when he awoke to defendant sitting on the bed facing him, accusing him of being a "monster" and hurting her [redacted]. When she stood up he noticed she was holding a firearm which belonged to him, which he knows to be kept loaded. [redacted] pleaded with defendant and defendant continued accusing him. Defendant then pointed the firearm directly at him and had her finger on the trigger which caused him fear. She eventually put the firearm down to her side. [redacted] called out to defendant's 14 year old [redacted] exited his room and saw defendant with the firearm. [redacted] asked defendant to put the gun down and defendant refused. Defendant then pointed the firearm directly at [redacted] and accused him of being a "monster" and hurting her [redacted] [redacted] then lunged at defendant, pinned her to the wall and was able to remove the firearm from her possession [redacted] secured the firearm in his safe and called law enforcement. [redacted] and Defendant live together as a [redacted] in the same household.

Defendant [redacted] did intentionally and unlawfully threaten by act to do violence to the person of victim [redacted] coupled with an apparent ability to do so, and did point a loaded firearm, which created a well-founded fear in [redacted] that such violence was imminent, and further did commit the assault with a Firearm, a deadly weapon, contrary to Florida Statute 784.021 (1)(a).

Defendant [redacted] did intentionally and unlawfully threaten by act to do violence to the person of victim [redacted] coupled with an apparent ability to do so, and did point a loaded firearm, which created a well-founded fear in [redacted] that such violence was imminent, and further did commit the assault with a Firearm, a deadly weapon, contrary to Florida Statute 784.021 (1)(a).

Defendant [redacted] did intentionally inflict physical or mental injury upon [redacted] a child and did an intentional act that resulted or could have reasonably been expected to result in physical and mental injury to [redacted], a child, contrary to Florida Statute 827.03(1)(b) and (2)(c).

The Victims' Rights form was explained and provided to the victims. Both victim's invoked their rights under Mary's Law. Both victim's meets the criteria for a Specified Crimes and invoked their rights. The incident was recorded using a BWC.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S MANISCALCO _____ (ID #) 7304
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of MARCH 20 24 by D/S MANISCALCO 7304
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN PBSO ID

CPL GONZALEZ 18414 _____ 418414
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

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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: [redacted] **DOB:** [redacted] **Case #:** 24-046142

Name (Last, First)
Victim: [redacted] **DOB:** [redacted] **Race:** W **Sex:** M

Relationship between Victim and Defendant: [redacted]

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

911 Call: × Yes No **Caller:** [redacted]

Weapon Used: × Yes No **Type:** FIREARM

Witness: × Yes No **Name:** (Last) [redacted] (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: [redacted] **DOB:** [redacted]

Name: [redacted] **DOB:** [redacted]

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:

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]

Local Address: [redacted]

Phone: [redacted]

Employer: (Name) student (Employer Address)

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

Address:

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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: [redacted] **DOB:** [redacted] **Case #:** 24-046142

Name (Last, First)

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

Relationship between Victim and Defendant: [redacted]

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

911 Call: × Yes No **Caller:** [redacted]

Weapon Used: × Yes No **Type:** firearm

Witness: × Yes No **Name:** (Last) [redacted] (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: [redacted] **DOB:** [redacted]

Name: [redacted] **DOB:** [redacted]

Name: [redacted] **DOB:** [redacted]

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:

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]

Local Address: [redacted]

Phone: [redacted]

Employer: (Name) (Employer Address)

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

Address:

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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)	1-8
	☐	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	1-8
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024007798	**Date:** 3/23/2024
	Specialist Name/ID#: T.HOWARD/7185

24 CF 2434 MB

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

Date:	Time:	Case #:

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

Deputy:	ID#:	Dist. / Div.	Phone:	Case Type/Offense/Crime (do not use signal code):

☐ Victim ☐ Witness - Name (Last, First, M.I.)	Race:	Sex:	D.O.B.:	Phone:
[redacted]			[redacted]	

[redacted]	City/State/Zip: [redacted]

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_____]**, 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.

[redacted]	Race:	Sex:	D.O.B.: [redacted]

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

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

FILED PBC - GUN CLUB
24 MAR 23 AM 7:19

(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_____]** 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_____]**, 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):

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

MY SIGNATURE: X_____ Date: _____

Deputy Signature: _____ ID#: _____

► *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 (PBSO)
CASE INFORMATION FORM

Date:	Time:	Case #:

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

Deputy:	ID#:	Dist. / Div.	Phone:	Case Type/Offense/Crime (do not use signal code):

☐ Victim ☐ Witness Name (Last, First, MI): [redacted]	Race:	Sex:	D.O.B.: [redacted]	Phone:

Victim/Witness Address: [redacted]	City/State/Zip [redacted]

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_____]**, 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.

Current Name (Last, First, MI): [redacted]	Race:	Sex:	D.O.B.: [redacted]

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

FILED PBC - GUN CLUB
'24 MAR 23 AM 7:19

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_____]** 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_____]**, 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: _____

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

Deputy Signature: _____ ID#: _____

► *If Criminal Case:*

Scanned to Victim Advocate by ID#: _____

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

PBSO#0028 REV.09/23

NOT A CERTIFIED COPY