

0400938

331

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBT Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-011458		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE	
D E F E N D A N T	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 Hands/fist/feet/teeth		Multiple Clearance Indicator 1					
	Location of Arrest (Including Name of Business) 4773 LAKELAND AVE DELRAY BCH FL 33445						Location of Offense (Business Name, Address) 4773 LAKELAND DR, DELRAY BEACH, FL 33445					
	Date of Arrest 07/21/2017		Time of Arrest 02:22		Booking Date		Booking Time		Jail Date		Jail Time	
	Name (Last, First, Middle) CANTOR, ADRA MARIE		Alias:		Alias Name, DOB, Soc. Sec. #, Etc.)							
J U V E N I L E	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 03/03/1984		Height 5'08		Weight 130		Eye Color BROWN	
	Hair Color BLACK		Complexion FAIR		Build THIN		Marital Status M		Religion NOT INDICA		Indication of: Alcohol Influence Drug Influence Yes ☐ No ☒ Unk. ☐	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 4773 LAKELAND DR, DELRAY BEACH, FL 33445						Phone (631) 903-5393		Residence Type: 1. City 3. Florida 2. County 4. Out of State 4			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 4773 LAKELAND DR, DELRAY BEACH, FL 33445						Phone (631) 903-5393		Address Source VERBAL			
C O D E	Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation							
	D/L Number, State C536013845830 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) SOUTH HAMPTON, NY		Citizenship US			
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor			
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor			
N O T I C E T O A P P E A R	☐ Parent ☐ Other: _____ ☐ Legal Custodian		Name (Last, First, Middle)		Residence Phone							
	Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone									
	Notified by: (Name)		Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
	Released To: (Name)		Relationship		Date		Time					
C H A R G E	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 355-2526) informed of any change of address. ☐ Yes, by: ☐ No:						School Attended		Grade			
	Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property							
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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			
C H A R G E	Charge Description SIMPLE BATTERY (TOUCH OR STRIKE)						Statute Violation Number 784.03(1A1)		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit		Offense # 17-011458		Counts 1		Domestic Violence ☐ Y ☒ N	
	Warrant / Capias Number		Bond									
	Charge Description		Statute Violation Number		Violation of ORD #							
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☐ N	
	Warrant / Capias Number		Bond									
	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☐ N	
I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries					
	Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail						PROPERTY - Received By					
	☐ Posted Bond ☐ South County Mental Health						Released By					
	Transported By						Date Transported		Time Transported		Other	
N O T I C E T O A P P E A R	☒ INSTRUCTION NO. 1 - Mandatory appearance in court ☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 21 JUL 21 AM 5:41			
	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		No Photo Available	
	HOLD for Other Agency						Signature of Arresting Officer		Name Verification (Printed by Arrestor)			
	☐ Dangerous ☐ Resisted Arrest ☐ Suspect ☐ Other						Name of Arresting Officer (Print) WOODS		I.D. # 1071		PAGE 1 OF 1	
A D M I N	Intake/Processing		Pouch #		Transporting		I.D. # 1071		Agency DBPD		Witness here if subject signed with an "X".	

☐ COURT ☐ STATE ATTORNEY ☐ JURY ☐ COUNTY CLERK ☐ JAIL ☐ COURT REPORTER ☐ CANVA ☐ DEFENDANT

JUL 21 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/21/2017 01:55		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-011458																																																																																																																								
	Name (Last, First, Middle) CANTOR, ADRA MARIE						Race W	Sex F	Date of Birth 03/03/1984																																																																																																																						
C H A R G E S	Charge Description 784.03(1A2) BATTERY CAUSE BODILY HARM																																																																																																																														
	Victim's Name (Last, First, Middle) CANTOR, STEVEN R						Race W	Sex M	Date of Birth 06/15/1968																																																																																																																						
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 4773 LAKELAND DR, DELRAY BEACH, FL 33445				Phone (561) 870-3845		Address Source																																																																																																																								
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation																																																																																																																								
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: Written ☐ Taped ☐ Oral ☒		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): REDNESS																																																																																																																												
	VICTIM'S STATEMENTS: ☒ ☐ ☐																																																																																																																														
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED																																																																																																																														
	<table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene:</td> <td>YES ☒</td> <td>NO ☐</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Victim:</td> <td>☒</td> <td>☐</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>911 CALL:</td> <td>☒</td> <td>☐</td> <td>CALLER:</td> <td colspan="3">STEVEN CANTOR</td> </tr> <tr> <td></td> <td>WEAPON USED:</td> <td>☐</td> <td>☒</td> <td>TYPE:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>WITNESSES:</td> <td>☐</td> <td>☒</td> <td>(If YES, attach witness list)</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>INJURIES:</td> <td>☒</td> <td>☐</td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>MEDICAL TREATMENT:</td> <td>☐</td> <td>☒</td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>AT: Scene:</td> <td>☐</td> <td>☒</td> <td>PARAMEDICS:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>Hospital:</td> <td>☐</td> <td>☒</td> <td>PHYSICIAN(S) / HOSPITAL:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td>☐</td> <td>☒</td> <td>NAMES/AGES:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>H. R. S. NOTIFIED:</td> <td>☐</td> <td>☒</td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>VICTIM PREGNANT:</td> <td>☐</td> <td>☒</td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>VIOLATION OF RESTRAINING ORDER:</td> <td>☐</td> <td>☒</td> <td>CASE #:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td>☐</td> <td>☒</td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td>☐</td> <td>☒</td> <td></td> <td colspan="3"></td> </tr> </table>								PHOTOGRAPHS:	Scene:	YES ☒	NO ☐						Victim:	☒	☐						911 CALL:	☒	☐	CALLER:	STEVEN CANTOR				WEAPON USED:	☐	☒	TYPE:					WITNESSES:	☐	☒	(If YES, attach witness list)					INJURIES:	☒	☐						MEDICAL TREATMENT:	☐	☒						AT: Scene:	☐	☒	PARAMEDICS:					Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:					ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:					H. R. S. NOTIFIED:	☐	☒						VICTIM PREGNANT:	☐	☒						VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:					PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒						ALCOHOL OR DRUGS INVOLVED:	☐	☒			
PHOTOGRAPHS:	Scene:	YES ☒	NO ☐																																																																																																																												
	Victim:	☒	☐																																																																																																																												
	911 CALL:	☒	☐	CALLER:	STEVEN CANTOR																																																																																																																										
	WEAPON USED:	☐	☒	TYPE:																																																																																																																											
	WITNESSES:	☐	☒	(If YES, attach witness list)																																																																																																																											
	INJURIES:	☒	☐																																																																																																																												
	MEDICAL TREATMENT:	☐	☒																																																																																																																												
	AT: Scene:	☐	☒	PARAMEDICS:																																																																																																																											
	Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:																																																																																																																											
	ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:																																																																																																																											
	H. R. S. NOTIFIED:	☐	☒																																																																																																																												
	VICTIM PREGNANT:	☐	☒																																																																																																																												
	VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:																																																																																																																											
	PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒																																																																																																																												
	ALCOHOL OR DRUGS INVOLVED:	☐	☒																																																																																																																												
N A R R A T I O N	The following incident occurred in the City of Delray Beach, Palm Beach County, FL;																																																																																																																														
	On 7/20/2017 at approximately 2013 hours, I responded to the above location in regards to a domestic dispute involving physical violence. Upon arrival, I made contact with the victim, Steven Cantor, who advised that the																																																																																																																														
S T A T E O F F L O R I D A	STATE OF FLORIDA COUNTY OF PALM BEACH																																																																																																																														
	Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. _____ SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>21</u> day of <u>July</u>, <u>2017</u>. _____ PACHECO JADAN #252 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																																																																																														

SCANNED

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS JUL 21 2017 P.I.O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 07/21/2017 01:55		
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-011458

N
A
R
R
A
T
I
V
E

suspect, Adra Cantor (His wife and mother of his child), struck him in his left cheek with a palm strike. Steven advised that his wife became verbally aggressive with him which escalated to her striking him in the face as she was leaving the residence. Steven advised that the argument started because he recently filed divorce paperwork against the suspect. I observed a red mark under Steven's left eye where he advised that the suspect struck him. Their one year old son, Jonathan Cantor, was present in the residence at the time of this incident and as a result, I contacted DCF agent Whitney (ID 371) who took a report for this incident.

Adra was gone prior to my arrival. When I advised Steven to notify me if she returned, he stated that he would not because he did not want her to go to jail for the night. Steven filled out a written statement advising the aforementioned account of events. The entire incident was captured on my body camera.

Later on this day at approximately 2300 hours, DCF responded to the residence for an initial report based on the fact that the couple's child was inside of the residence at the time of the incident. I responded to the residence as back up for DCF investigators at which time Steven advised that Adra was inside of the house sleeping. I made contact with her inside of her bedroom and she was subsequently placed into custody. Once in custody, Adra advised that she never hit Steven and that she is the one who is abused by him.

Based on my investigation, Probable Cause exists to charge W/F Adra M. Cantor (DOB 3/3/1984) with Battery - Cause Bodily Harm per FSS 784.03(1a2).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 21 day of July, 2017.

PACHECO, ADAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
JUL 21 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.