

0497969

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1 Juvenile

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 18070194	
Charge Type: Check as many as apply ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized None		Multiple Clearance Indicator 0 1			
Location of Arrest (Including Name of Business) 5067 MADISON RD Delray Beach, FL, 33484				Location of Offense (Including Name of Business) 5067 MADISON RD Delray Beach, FL, 33484			
Date of Arrest May 3, 2018		Time of Arrest 1901		Booking Date		Booking Time	
Name (Last, First, Middle) SCHLISSEL Alexis Nicole				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian		Sex F		Date of Birth 06/04/1992		Height 5'1	
Weight 141		Eye Color Brown		Hair Color Brown		Complexion white	
Build small		Marital Status single		Religion Jewish		Indication of Alcohol Influence Y ☐ N ☒ Unk ☐	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Neck of female symbol on neck				Indication of Drug Influence Y ☐ N ☒ Unk ☐			
Local Address (Street, Apt. Number) 5067 MADISON RD Delray Beach FL 33484		City Delray Beach		State FL		Zip 33484	
Phone (561) 507-6014		Residence Type 1. City 2. County 3. Florida 4. Out of State		Address Source DL		2	
Permanent Address (Street, Apt. Number) 5067 MADISON RD Delray Beach FL 33484		City Delray Beach		State FL		Zip 33484	
Phone (561) 507-6014		Occupation Big Lots sales person					
Business Address (Street, Apt. Number)		City		State		Zip	
D/L Number, State S-424-621-92-704-0		Social Security Number		INS Number		Place of Birth Nassau County, New York	
Citizenship USA							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
☐ Parent ☐ Legal Guardian ☐ Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Business Phone							
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 561 355-2526) informed of any address change. ☐ Yes, by (Name) ☐ No (Reason)				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. 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		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description Simple Domestic Battery		Counts 1		Domestic Violence ☐ Y ☒ N		Statute Violation Number 784.03(1)(a)(1)	
Violation or ORD. #							
Drug Activity n		Drug Type n		Amount/Unit		Offense # 18070194	
Warrant/Capias Number		Bond					
Charge Description		Counts 1		Domestic Violence ☐ Y ☒ N		Statute Violation Number	
Violation or ORD. #							
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Violation or ORD. #							
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Violation or ORD. #							
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Location (Court, Address, Room Number)							
Court Date and Time Month Day Year Time AM ☐ PM ☒							
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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			
HOLD for Other Agency Name ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other		Signature of Arresting Officer DS A. Carseni Name of Arresting Officer DS John Orozco 8057 ID # 25545 Agency PBSO		Name Verification (Printed by Arrestee) (PRINT)		Page 1 of 1	

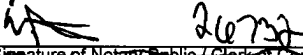
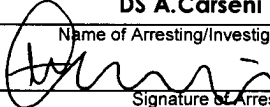
OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile ☐
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06		18070194	
Charge Type: Check as many as apply:		☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other _____		Special Notes			
Defendant Name (Last, First, Middle) SCHLISSEL Alexis Nicole				Race W	Sex F	Date of Birth 06/04/1992	
Charge Simple Domestic Battery				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) SANNINO Thomas V				Race W	Sex M	Date of Birth 11/22/1989	
Local Address (Street, Apt. Number) 5067 MADISON RD		City Delray Beach		State FL	Zip 33484	Phone (561)809-5265	Address Source DL
Business Address (Street, Apt. Number)		City		State	Zip	Phone	Occupation Server
The undersign 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.				☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.			
☒ confessed to admitting to the below facts.				☒ was found to have committed the below acts, resulting from (described) investigation.			
On the <u>3</u> day of <u>May</u> 20 <u>18</u> at <u>1901</u> ☐ AM ☒ PM							

On 5-3-2018 at approximately 1829 hours I was dispatched to 5067 MADISON RD , unincorporated Palm Beach County, in reference to a medical call involving a domestic battery. Dispatched advised me caller Nicole Schlissel said she bit her boyfriend, Thomas Sannino, and he was now having a seizure. Upon my arrival Schlissel ran up to me hysterically crying and made the spontaneous utterance "I bit my boyfriend 4 times, then he had a seizure I don't want to go to jail, I just wanted to get him medical attention."

I made contact with victim Thomas Sannino. Sannino was crying, but refused to talk to Deputies and refused medical attention. Sannino had what appeared to be bite marks and fresh scratches underneath his chin, on his neck. The marks were consistent with Schlissel's statement. I asked Sannino how he got the injuries. Sannino began crying hysterically and stated "I'm done talking for the day, I'm not letting her go to jail." Sannino refused to cooperate any further.

After I placed Schlissel in the back of my marked patrol unit, she again stated "Why am I going to jail because I bit him four times?"

Based on the above facts, I find probable cause to place Nicole Schlissel under arrest for Domestic Battery per F.S.S 784.03(1)(a)(1)

The foregoing instrument was sworn to and affirmed before me this <u>3</u> day of <u>May</u> 20 <u>18</u> , by:	
DS Ritacco #26732 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) 	DS A.Carseni 25545 Name of Arresting/Investigating Officer 
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
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