13mm 9729 MMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: **3** | Juvenile:

OBTS Number:

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 12-155639

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type (1. Yes 2. No): 2 | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business):

Location of Offense (Business Name, Address): 2892 TENNIS CLUB DR #100 WEST PALM BEACH/FL/33417

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
	~~05:20~~					

DEFENDANT

Name (Last, First, Middle): SCHWARTZ, ALYSSE, L. | Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	04/02/1992	5'2		BRN	GRN		THIN

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: SINGLE | Religion: NONE | Indication of: Alcohol Influence (Unk. ☑), Drug Influence (Unk. ☑)

Local Address (Street, Apt. Number) (City) (State) (Zip): 2892 TENNIS CLUB DR #100 WEST PALM BEACH/FL/33417 | Phone: ( ) | Residence Type (1. City 2. County 3. Florida 4. Out of State): 2

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

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

D/L Number, State: S632-012-92-622-0 | Soc. Sec. Number: [redacted] | INS Number: | Place of Birth (City, State): | Citizenship:

CO-DEF

Co-Defendant Name (Last, First, Middle): | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (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. TOT HRS / DYS 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) 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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
BATTERY	1	☐Y ☑N	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		12-155639		

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

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		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time AM PM

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

SHARON R BOCK CLERK 2013 JUN 25 AM 11:59 PALM BEACH COUNTY CRIMINAL COUNTY FLORIDA

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer X | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print): D/S G. LYNCH 8568 | I.D. #: 8568

Intake Deputy | I.D. # | Pouch # | Transporting Officer | ID # | Agency | Witness here if subject signed with an -X" | PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	3	Juvenile	
Agency ORI Number: FLO 500000	Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number: 06- 12-155639			

ChargeType: 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
SCHWARTZ, ALYSSE, L.		W	F	04/02/1992

CHARGES

Charge Description		Charge Description	
BATTERY	784.03(1A1)		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
CAMPODONICO, GIAN			W	M	8/5/81
Local Address (Street, Apt. Number)	(City)	(State) (zip)	Phone	Address Source	
2892 TENNIS CLUB DR #100	WEST PALM BEACH/FL/33417		(561) 271-9171	VICTIM	
Business Address (Name, Street)	(City)	(State) (zip)	Phone	Occupation	
			( )		

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 12 day of DECEMBER 20 12 at 05:20 ☑ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

I RESPONDED TO 2892 TENNIS CLUB DR APT#100, IN PALM BEACH COUNTY, IN REFERENCE TO A BATTERY. UPON ARRIVAL I MET WITH THE VICTIM, GIAN CAMPODONICO, WHO ADVISED THE FOLLOWING.

WHILE AT HIS RESIDENCE HIS BROTHER'S GIRLFRIEND, ALYSSE SCHWARTZ, BECAME VIOLENT AND BEGAN SLAMMING DOORS AND YELLING. GIAN TOLD HER TO QUIET DOWN BECAUSE HIS SON WAS SLEEPING AND HE THEN WENT INTO HIS ROOM. A SHORT WHILE LATER ALYSSE BEGAN BAGGING ON HIS DOOR AND YELLING. HE OPENED HIS DOOR AND THEY BEGAN ARGUING. ALYSSE THEN SPIT ON HIM AND SCRATCHED HIS FACE. ALYSSE THE LEFT THE RESIDENCE.

I COULD SEE FRESH SCRATCH MARKS ON THE RIGHT SIDE OF GIAN'S FACE. THE SCRATCHES APPEARED TO CONSISTANT WITH BEING SCRATCHED BY FINGERNAILS.

BASED ON GIAN'S STATEMENT AND INJURIES I FOUND PROBABLE CAUSE THAT ALYSSE DID KNOWINGLY AND INTENTIONALLY STRIKE GIAN, AGAINST HIS WILL, CONTRARY TO FSS. 784.03(1A1)

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of DECEMBER 20 12 by D/S G. LYNCH 8568 8568

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

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