0492384 — 17MM12227672

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: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 06- 17-136260

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): 6071 Mallards Cove Rd #40F, Jupiter, FL 33458

Location of Offense (Business Name, Address): 6071 Mallards Cove Rd #40F, Jupiter, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/07/2017	1200	10/07/2017	0227			

DEFENDANT

Name (Last, First, Middle): Matayosian, Amanda, Mae

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	06/21/1998	5'0"	95	Blue	Blonde	Light	Small

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): Left Rib (Hakuna Matatah)

Marital Status: Single

Religion: NONE

Indication of: Alcohol Influence (Y ☐ N ☒ Unk. ☐); Drug Influence (Y ☐ N ☒ Unk. ☐)

Local Address (Street, Apt. Number) (City) (State) (Zip): 6071 Mallards Cove Road, Apt. 40F, Jupiter, FL 33458

Phone: (561) 290-3352

Residence Type (1. City 2. County 3. Florida 4. Out of State): 2

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

Phone: ( )

Address Source: State of Florida(Driver's License)

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: Food Industry

D/L Number, State: M325-013-98-721-0

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): Waukagean, Illinois

Citizenship: USA

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

VICTIM NOTIFICATION REQUIRED

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

NO BOND

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 #
Simple Battery (Domestic)	1	☒Y ☐N	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	17-136260		

CHARGE

Charge Description | Counts | Domestic Violence ☐Y ☐N | Statute Violation Number | Violation of ORD #

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

CHARGE

Charge Description | Counts | Domestic Violence ☐Y ☐N | Statute Violation Number | Violation of ORD #

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CHARGE

Charge Description | Counts | Domestic Violence ☐Y ☐N | Statute Violation Number | Violation of ORD #

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

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: 10/07/2017

OCT 7 AM 2:37

ADMIN

HOLD for other Agency Name:

Signature of Arresting Officer: x [signature]

Name Verification (Printed by Arrestee): (PRINT)

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Name of Arresting Officer (Print): D/S Joshua Gonzalez — I.D. #: 18414

Intake Deputy: Thomas — I.D. #: 7356

Pouch #:

Transporting Officer: D/S J. Gonzalez — ID #: 18414

Agency: PBSO

Witness here if subject signed with an -X-

2017 OCT -7 AM 5:42

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

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 17-136260

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
Matayosian, Amanda, Mae		W	F	06/21/1998

CHARGES

Charge Description		Charge Description	
Simple Battery (Domestic)	784.03(1)(a)(1)		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted], [redacted], [redacted]	W	F	07/20/1975

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
607[redacted]	([redacted]	State of Florida (Driver's License)
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
	( )	Food Industry

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 7th day of October 20 17 at 12:30 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On October 6th, 2017 at approximately 1145 hrs, I responded to 6701 Mallards Cove Road, Apartment 40G located in unincorporated Jupiter, Florida 33458 in reference to a possible Domestic Dispute call that the Palm Beach County Sheriff's Office (PBSO) phone line had received. Upon my arrival to the residence, I met with a white female, who identified herself as being the complainant named Jill Grapski. Jill stated that around 1130 hours, she heard screaming and banging noises coming from the inside of apartment 40F in the same building. She continued by stating that it sounded like it was a physical fight between 2 females.

After speaking with Jill, I then made contact with a white female who was exiting apartment 40F, who identified herself as being Amanda Matayosian. I asked Amanda what was going in earlier, for which she replied that she had been engaged in a "fight" with her mother named [redacted]. Amanda explained that she and her mother [redacted] had engaged in an argument over her not telling her mother [redacted] that she had gotten a ride home from work. She explained that as her mother [redacted] and her were in the apartment arguing, her mother began advancing towards her so she physically "swung at her". I asked Amanda if she made contact to which she said she was not sure.

After listening to Amanda's account of the incident, I met with a white female who identified herself as being Amanda's mother named [redacted]. Upon making contact with [redacted], I observed that her face and neck were flush red, and that she appeared to be distraught. I asked [redacted] if Amanda had physically touched or struck her during the altercation which occurred earlier, for which she replied that Amanda had punched her in the face and bit her in the arm. She continued to say that Amanda had also grabbed and scratched her neck during the altercation. I then observed there to be a visible bite mark on [redacted]'s left arm which lead me to believe that she was not being untruthful about not being physically struck by her daughter Amanda during the altercation they had engaged in. Ellen provided me with a PBSO sworn written victim statement about the incident. [redacted] also allowed me to take photograph of her face, the injuries to her arm, and the scratches on her neck. [redacted] was also given a PBSO domestic violence packet and PBSO case information sheet, which she signed for.

Due to the fact that [redacted]'s had bruises and scratches on her neck and arm, which were consistent with the allegation she made against her daughter Amanda, in which she stated that her daughter Amanda had punched her in the face, bit her in the left arm, and scratched her neck, I found probable cause existed to arrest Amanda for committing the criminal offense of Domestic Simple Battery - Florida State Statute 784.03(1)(a)(1).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Joshua Gonzalez
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of October 20 17 by D/S Joshua Gonzalez

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced D/S A. Perez #14622

D/S Alvarado #14622
(Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **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.)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

SUSPECT/OFFENDER: **Matayosian, Amanda, Mae** COURT CASE/WARRANT#: _____ **(FOR WARRANTS USE ONLY)**

1. Incident Report #: **17-136260** Agency: **PBSO**
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: **Matayosian, Amanda, Mae**
   D.O.B. **06/21/1998** Race: **W** Sex: **F**

2. Warrant # (s): _____

3.a. Victim's name: [redacted], [redacted], C D.O.B. [redacted] Race: W Sex: F
   Address: [redacted]
   City: [redacted]
   Home #- [redacted] Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____
   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: [redacted], [redacted], [redacted]

Deputy's Name: **D/S Joshua Gonzalez** I.D.# **18414** Date: **10/07/2017**

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

PBSO 00029A REV. 4199

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Matayosian, Amanda, Mae DOB: 06/21/1998 Case #: 17-136260

Victim: [redacted], [redacted], [redacted] DOB: 07/20/1975 Race: W Sex: F

Relationship between Victim and Defendant: Mother/Daughter

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

911 Call: Yes × No Caller:

Weapon Used: Yes × No Type:

Witness: Yes × No Name:

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: Physician:

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: I got in a fight with my mom, she came at me and I swung on her.

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

First words Victim said when you responded to scene: We got in a fight, and she punched me in the face and bit me.

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): Angry and Upset

× Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain × Other Angry

Victim Contact Information:

Local Address: [redacted]

Phone: Home ([redacted] Work (___)___ -_____ Cell (___)___ -_____

Employer:

Name of Relative: Phone (___)_____-_____

Address:

PBSO #0004A REV. 05/11