0489213 17MM010034 4

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias: 1 Juvenile: [ ]

OBTS Number:

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06 17-114481

Charge Type (Check as many as apply): [ ] 1. Felony [ ] 2. Traffic Felony [X] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other ____

If Weapon Seized / Enter Type: | Multiple Clearance Indicator:

Location of Arrest: [redacted] Location of Offense: [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Aug 14, 2017	0030					

Name (Last, First, Middle): Wofford Angelita | 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	12/18/1992	5'2	125	brown	brown	fair	small

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): UNK | Marital Status: Single | Religion: NONE | Indication of: Alcohol Influence: Y [X]; Drug Influence: Unk [X]

Address	Street	City	State	Zip	Phone	
Local Address	4478 Flows Way	Lake Worth	FL	33461	NONE	Residence Type (1. City 2. County 3. Florida 4. Out of State): 2
Permanent Address	4478 Flows Way	Lake Worth	FL	33461	NONE	Address Source: FL DL
Business Address						Occupation: NONE

D/L Number, State: W-163-001-92-958-0 | Social Security: [redacted] | INS Number: | Place of Birth: WPB FL | Citizenship: US

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

[ ] Parent [ ] Legal Guardian [ ] Other Name (Last, First, Middle): | Phone:

Address (Street, Apt. No.): | City | State | Zip | Business Phone

NoBond

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

VICTIM NOTIFICATION REQUIRED

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	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
Battery Domestic	1	[X] Y [ ] N	784.03 1a1	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N	0	17-114481		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		[ ] Y [ ] N		

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		[ ] Y [ ] N		

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		[ ] Y [ ] N		

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 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: | Signature of Arresting Officer | Name Verification (Printed by Arrestee)
[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other | Name of Arresting Officer: Crawford ID# 8285 | (PRINT) NR

Intake Deputy: ID# 8101 | Pouch # | Transporting Officer ID#: Crawford 8285 | Agency: PBSO | Witness here if subject signed with an "X" | Page 1 of 1

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile ☐

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FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 17-114481

Charge Type: Check as many as apply
☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes

Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Wofford Angelita	w	f	12/18/1992

Charge	Charge
Battery Domestic	
Charge	Charge

Victim Name (La [redacted]		Sex	Date of Birth
	b	m	07/15/1992
Local Address (S [redacted]		Address Source	Verbal
Business Address (Street, Apt. Number) City State Zip	Phone	Occupation	Delivery

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 14th day of August 20 17 at 0004 ☐ AM ☐ PM

I was dispatched to [redacted] in reference to a domestic dispute. Upon arrival I spoke with the complainant [redacted] stated he had returned home from work around 2230hrs 8/13/17 and that he had plans to go out with [redacted] Angelita Wofford. [redacted] stated when he arrived he discovered Angelita had been drinking all day and was too intoxicated to go anywhere and she would listen to anything he had to say about not going out. While [redacted] was packing his belongings to leave I was sitting in my patrol vehicle doing paperwork when Angelita returned home. Angelita immediately went to [redacted] vehicle and began hitting the windows in an attempt to break them. I exited my vehicle to observe Angelita hitting [redacted] and pulling him by his shirt. I was able to handcuff Angelita and place her in the backseat of my patrol vehicle. I asked [redacted] if he was okay and he stated Angelita had bitten him. [redacted] showed my his left forearm where I observed a small break in the skin. [redacted] shirts was also stretched out of shape around the neck area where Angelita was pulling at him. David did not want to cooperate with the prosecution or complete a statement, but the events occurred in my presence. Based on the investigation probable cause existed to charge Angelita with Domestic Batter per FSS 784.03 1a1.

The foregoing instrument was sworn to and affirmed before me this 14th day of August 20 17, by:

Jurado 20332
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Crawford 8285
Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

VICTIM NOTIFICATION FORM

- **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**
- **Dating Violence**

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

1. Incident Report #: 17-114481 Agency: Palm Beach County Sheriff's Office
   Offense: Battery Domestic
   Suspect/Offender: Wofford Angelita
   DOB: 12/18/1992 Race: W Sex: F

2. Warrant #(s):

3.a. Victim's Name: [redacted] DOB: 07/15/1992 Race: B Sex: M
   Address: [redacted] State: [redacted]
   City: [redacted] Other #: [redacted]
   Home #: [redacted]

   b. Victim's next of kin, friend or neighbor: [redacted]
   Address: [redacted] State: [redacted]
   City: [redacted] Other #: [redacted]
   Home #: [redacted] #: [redacted]

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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:

Deputy's Name: Crawford ID #: 8285 Date: Aug 14, 2017

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #

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PBSO #0029A REV. 05/11

SCANNED
AUG 14 2017

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #