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3469 17MM 13991

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 17154233	
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No	
	Location of Arrest (Including Name of Business) 6730 ALISO AVE., WEST PALM BEACH FL 33413		Location of Offense (Business Name, Address) 6730 ALISO AVE., WEST PALM BEACH FL 33413		Date of Arrest 11/21/2017		Time of Arrest 0152	
DEFENDANT	Name (Last, First, Middle) Morgan, April, Lynn							
	Race W - White I - American Indian B - Black O - Oriental/Asian W							
	Sex F		Date of Birth 01/04/1978		Height 5'04		Weight 130	
	Eye Color BLUE		Hair Color BLONDE		Complexion LIGHT		Build SMALL	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR UNDER RIGHT EYE				Marital Status Married		Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 6730 Aliso Ave, West Palm Beach, FL 33413				Phone (561) 906-6420		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source FL DL	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation BANK	
	D/L Number, State M625012785040, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PALM BEACH GARDENS FL	
	Citizenship USA							
CO-DEF	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
	Drug Activity S. Sell N. N/A P. Possess 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 DOMESTIC BATTERY		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)A1
Drug Activity Drug Type Amount / Unit N N		Offense # 17154233		Warrant / Capias Number		Bond		
Charge Description		Counts		Domestic Violence		Statute Violation Number		
Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number		Bond		
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	Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number		Bond	
	Charge Description		Counts		Domestic Violence		Statute Violation Number	
NOTICE TO APPEAR	Location (Court, Room Number, Address)							
	Court Date and Time Month Day Year Time AM PM 11/21/2017							
	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. 11/21/2017							
ADMIN	Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed 11/21/2017			
	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Signature of Arresting Officer D/S S. ROSENFELD		Name Verification (Printed by Arrestee) D			
	Intake Deputy NOV 27 2017		Name of Arresting Officer (Print) D/S S. ROSENFELD		I.D. # 28288		Agency PBSO	
	Witness here if subject signed with an -X"		PAGE 1		OF 1			

No Bond

NOV 21 5:04

NOV 21 5:29

SCANNED
NOV 27 2017

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTs Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17154233	
Charge Type: Check as many as apply.		Special Notes:		Race		Sex	
<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/>		<input type="checkbox"/>	
Name (Last, First, Middle) Morgan, April, Lynn				Alias		Date of Birth 01/04/1978	Date of Birth 01/04/1978
Charge Description DOMESTIC BATTERY		784.03(1)		Charge Description		Charge Description	
Victim's Name (Last, First, Middle) Morgan, Karl,				Race W		Sex M	
Local Address (Street, Apt. Number) 6730 Aliso Avenue, West Palm Beach, FL 33413				City (City) (City)		State (State) (zip) (State) (zip)	
Business Address (Name, Street)				Phone (561) 281-1575		Address Source FLDL	
				Phone ()		Occupation	
<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 21 day of NOVEMBER 20 17 at 0100 <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On the above date and time I responded to the above address, upon arrival I met with the caller Karl Morgan (victim). He stated his wife April Morgan (suspect) had been drinking and the two of them got into a verbal altercation. Karl stated at one point during the argument April began to hit and push him. Karl was able to provide security camera footage from inside the home showing April did hit him and push him around the living room in the presence of her children.</p> <p>April Morgan did actually and intentionally touch or strike Karl Morgan against his will. Karl Morgan is a family member of April L Morgan contrary to Florida Statute 784.03(1) (1 DEG MISD)</p> <p>Based on the statements made and the video observed I find probable cause for the arrest of April L Morgan.</p>							
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> D/S S. ROSENFELD (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of Nov 20 17 by _____</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p><i>[Signature]</i> 26676 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>							

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE