0512171 19CF010205MB 123

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19131571

ChargeType: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

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

Location of Arrest (Including Name of Business): [redacted]

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/29/2019	1334					

DEFENDANT

Name (Last, First, Middle): LOBO, ARELIS JULISA,

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	02/02/1991	5'5	140	BROWN	BROWN	MED	MED

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

Marital Status: SINGLE | Religion: CATHOLIC | Indication of: Alcohol Influence / Drug Influence (Y N Unk.)

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted] | Phone: [redacted]

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): [redacted] | Phone: ( )

Address Source: VERBAL

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

Occupation: UNEMPLOYED

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
N/A	N/A		honduras	honduras

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: | 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 [X] No | Description of Property | Value of Property

1 3,000

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 #
CHILD ABUSE	1	[ ] Y [X] N	827.03(2C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19131571		

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

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

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

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: 10/29/2019

ADMIN

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

[ ] Dangerous [ ] Suicidal [ ] Resisted Arrest [ ] Other:

Name of Arresting Officer (Print): M. CASTEEL | I.D. #: 28275

Intake Deputy | I.D.# | Pouch # | Transporting Officer: M. CASTEEL | ID #: 28275 | Agency: PBSO

Witness here if subject signed with an -X" | PAGE 1 OF

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

PBSO #148 REV.

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 1

Juvenile:

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 19131571

Charge Type (Check as many as apply): [x] 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
Lobo, Arelis		W	F	02/02/1991

CHARGES

Charge Description: Child Abuse

Charge Description:

Charge Description:

Charge Description: n

VICTIM

Victim's Name (Last, First, Middle): [redacted]

Race: [redacted] Sex: [redacted] Date of Birth: [redacted]

Address: [redacted]

Phone: ( )

Address Source: verbal

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

Phone: ( )

Occupation: none

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.

[x] confessed to _____ admitting to the below facts.

[ ] was observed by _____ who told _____

[x] that he/she saw the arrested person commit the below acts.

was found to have committed the below acts, resulting from my (described) investigation.

On the 29 day of October 20 19 at 1215 [ ] A.M [x] P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On the above date and time I responded to [redacted] in reference to a child abuse investigation. Upon arrival I spoke with DCF investigator Tina Sanders who advised the DCF hotline received a call with the following allegations: "On 10/29/2019 [redacted] has several cuts on her fingers and her hand is swollen. She also has abrasions on her back. These were inflicted by her [redacted] with a clothes hanger. The [redacted] also hit her. The incident happened last night when the [redacted] had told her to fold clothes. The [redacted] was also hit with a shoe."

I made contact with the child, [redacted] who advised she was folding laundry when her [redacted] got upset that she did not fold it correctly. [redacted] advised that her [redacted] hit her with a clothes hanger and told her not to move or she would be hit again. [redacted] sustained two hanger markings/bruises on her back, and lacerations to her fingers.

I made contact with the [redacted] who post miranda stated she threw a clothes hanger at [redacted] because [redacted] refused to do her homework and that [redacted] threw a notebook towards her [redacted] direction. [redacted] stated she usually spanks her [redacted] on her butt however this time was different as she has never had her [redacted] throw an object at her. It should be noted that the object did not strike [redacted]. A photo was presented to [redacted] of [redacted] injuries on her back in which [redacted] advised the injuries in the picture were due to [redacted] throwing a clothes hanger at [redacted] then hitting her a second time because [redacted] grabbed the hanger. [redacted] advised the injuries on [redacted] fingers were due to her grabbing the broken side of the hanger. [redacted] provided the broken hanger that was used during the incident which appeared to match the markings on [redacted] back.

[redacted] did intentionally inflict physical or mental injury upon [redacted] a child, {or} did an intentional act or actively encouraged another to do an act that resulted or could have reasonably been expected to result in physical or mental injury to [redacted] a child, contrary to Florida Statute 827.03(1)(b) and (2)(c). (3 DEG FEL) (LEVEL 6)

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting /Investigative Officer) #2027T

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of October 20 19 by D/S Casteel

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced D/S J. Berger #19466

J. Berger 19466

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

PAGE 1 OF 2

PBSO #0004A REV. 12/97 DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☐	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☒	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	1-3
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	415.107 (1)	Other: Elderly Abuse	
	☐	539.001(b)-(l)FSS, 539.003 FSS	Other: Pawn Broker Information	

REVIEW COMPLETED BY

Booking Number: 2019035131	**Date:** 10/30/2019
	Specialist Name/ID: M. Tooks #8557