

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		1961 Juvenile N													
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 17-104611																			
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		Multiple Clearance Indicator 01																			
Location of Arrest (Including Name of Business) 8535 BOCA GLADES BLVD. W #D BOCA RATON FL 33433		Location of Offense (Business Name, Address) 8535 BOCA GLADES BLVD W #D, BOCA RATON FLORIDA 33433																					
Date of Arrest 07/19/2017		Time of Arrest 2244		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle N/A											
Name (Last, First, Middle) Schatzman, Arthur, Lorin												Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White   - American Indian B - Black 0- Oriental/Asian		Sex W M		Date of Birth 03/08/1951		Height 5'08		Weight 155		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build LIGHT							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE										Marital Status Divorced		Religion JEWISH		Indication of: Alcohol Influence Drug Influence		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Local Address (Street, Apt. Number) 6303 San Michel Way, DELRAY BEACH FLORIDA 33484										(City) (State) (Zip)		Phone (720) 639-1212		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2									
Permanent Address (Street, Apt. Number)										(City) (State) (Zip)		Phone ( )		Address Source FLORIDA DRIVERS LICENSE									
Business Address (Name, Street)										(City) (State) (Zip)		Phone ( )		Occupation DENTIST									
D/L Number, State S325-052-51-088-0 FLORIDA				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) ILLINOIS, CHICAGO				Citizenship US							
Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. 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 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 Description BATTERY (DOMESTIC DATING VIOLENCE)										Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03 (1A1)				Violation of ORD #					
Drug Activity N/A		Drug Type N/A		Amount / Unit N/A		Offense # 17-104611		Warrant / Capias Number				Bond No Bond											
Charge Description										Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond											
Charge Description										Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond											
Charge Description										Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond											
Location (Court Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996												Court Date and Time Month Day Year Time AM PM 07/19/2017											
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												Signature of Defendant (or Juvenile and Parent / Custodian)		Date Signed									
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)				PAGE 1 OF 1											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) D/S T. DRAKE # 5310				(PRINT)															
Intake Deputy I.D. #				Transporting Officer ID # D/S T. DRAKE 5310				Agency 06				Witness here if subject signed with an "X"											

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
ADMIN	OBTS Number			Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-17-104611</b>			
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
DEF	Name (Last, First, Middle)	<b>Schatzman, Arthur, Lorin</b>						Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/08/1951</b>
CHARGES	Charge Description	<b>BATTERY ( DOMESTIC DATING VIOLENCE )</b>				<b>784.03 (1A1)</b>		Charge Description			
	Charge Description							Charge Description			
VICTIM	Victim's Name (Last, First, Middle)	<b>MARTINEZ, PATRICIA,</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/22/1960</b>	
	Local Address (Street, Apt. Number)	(City)		(State)	(zip)	Phone		Address Source			
	<b>2108 CALVILLE # 202, LAS VEGAS NEVADA 89128</b>						<b>( 305 ) 833-1846</b>				
	Business Address (Name, Street)	(City)		(State)	(zip)	Phone		Occupation			
	<b>NONE</b>						<b>( )</b>				
<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. 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. <input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. admitting to the below facts.</p> <p>On the <b>19</b> day of <b>JULY</b> 20<b>17</b> at <b>2215</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>											
<p><b>On July 19, 2017 I was dispatched to 8535 Boca Glades Blvd. unit #D unincorporated Boca Raton, Palm Beach County, Florida 33433 Reference to a domestic dispute.</b></p> <p><b>Upon arrival I made contact with the person who called 911 later identified as. Ms. Patricia Martinez Ms. Martinez was visibly upset over a incident that occurred between her and [REDACTED] Ms. Martinez stated she was involved in a verbal argument with [REDACTED] later identified as Mr. Arthur Schatzman over some boots when the argument became physical.</b></p> <p><b>Ms. described the incident as follows;</b></p> <p><b>Mr. Schatzman and her argued and she left to a friends home. Mr. Schatzman either followed her or somehow found out where she was and confronted her again. Apparently they were arguing over some property that she returned to him. Ms. Martinez then tried to force her to go back to the house with him, but when she refused he took her phone and punched her in the back in the area of the left kidney.</b></p> <p><b>The actions mentioned above caused injuries that consisted of redness to the left side of her spine. Ms. Martinez claimed the person who battered her without provocation was her current [REDACTED] Mr. Schatzman. I offered medical treatment for Ms. Martinez but she refused.</b></p> <p><b>The victim was given a Rights and Remedies Packet which was signed after receiving and a victim witness case information sheet.</b></p> <p><b>Photos were taken via a Dart camera by D/S T Drake and uploaded to the Domestic Violence website for review by the courts.</b></p> <p><b>Probable cause exists for the arrest of the defendant for violation of Florida State Statute 784.03 (1A1) did actually and intentionally touch or strike Ms. Martinez against the will of Ms. Martinez intentionally causing bodily harm to Ms. Martines that consisted of redness, contrary to Florida Statute 784.03(1A1). (1 DEGMISD).</b></p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		<b>D/S T. DRAKE # 5310</b>								
	(Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this		<b>19</b>		day of <b>JULY</b>		20 <b>17</b>		by <b>D/S T. DRAKE</b>		
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		<b>KNOWN</b>								
	<b>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</b>		<b>VSUCKY/PBSO/7119</b>								
<div>PAGE 1 OF 1</div>											