

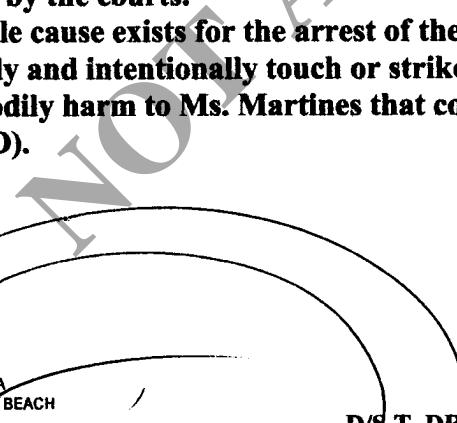
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ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A. 3. Request for Warrant  
4. Request for Capias

Juvenile N

1961

ADMINISTRATIVE	OBTS Number			Agency ORI Number FLO 500000			Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-17-104611								
	Agency ORI Number FLO 500000			Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-17-104611			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias								
DEFENDANT	Charge Type: Check as many as apply.			<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor			5. Ordinance 6. Other			Weapon Seized / Type 1. Yes 2. No								
	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						Multiple Clearance Indicator 01								
	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) <b>Schatzman, Arthur, Lorin</b>																	
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 03/08/1951		Height 5'08		Weight 155		Eye Color BROWN		Hair Color BROWN					
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>								Marital Status Divorced		Religion JEWISH		Indication of: Alcohol Influence Drug Influence					
	Local Address (Street, Apt. Number) <b>6303 San Michel Way, DELRAY BEACH FLORIDA 33484</b>								Phone (720) 639-1212		Residence Type: 1. City 2. County 3. Florida 4. Out of State							
	Permanent Address (Street, Apt. Number) ,								Phone ( )		Address Source FLORIDA DRIVERS LICENSE							
	Business Address (Name, Street) <b>retired</b>								Phone ( )		Occupation DENTIST							
	D/L Number, State S325-052-51-088-0 FLORIDA				Soc. Sec. Number				INS Number		Place of Birth (City, State) ILLINOIS, CHICAGO		Citizenship US					
CO-DEFENDANT	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									
	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									
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No								Value of Property									
	JUVENILE	Drug Activity 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 <b>BATTERY ( DOMESTIC DATING VIOLENCE )</b>				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03 (1A1)</b>				Violation of ORD #						
Drug Activity N/A		Drug Type N/A	Amount / Unit N/A	Offense # 17-104611					Warrant / Capias Number				Bond <b>No Bond</b>					
Charge Description				Counts	Domestic Violence <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #								
Drug Activity	Drug Type	Amount / Unit	Offense #					Warrant / Capias Number				Bond						
<b>VICTIM NOTIFICATION REQUIRED</b>																		
NOTICE TO APPEAR	Location (Court Room Number Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>																	
	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																	
	07/19/2017																	
	Signature of Defendant (or Juvenile and Parent / Custodian)																	
	Date Signed																	
	Signature of Arresting Officer																	
	X																	
	Name of Arresting Officer (Print) <b>D/S T. DRAKE # 5310</b>																	
I.D. # <b>5310</b>																		
(PRINT)																		
Intake Deputy I.D. # Pouch #																		
Transporting Officer I.D. # <b>D/S T. DRAKE 5310</b>																		
Agency 06																		
Name Verification (Printed by Arrestee) 5:43																		
(PRINT)																		
PAGE																		
Witness here if subject signed with an -X"																		
1 OF 1																		

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile 1	N	
	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>			Special Notes:					
DEF	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor			5. Ordinance 6. Other					
CHARGES	Name (Last, First, Middle) <b>Schatzman, Arthur, Lorin</b>						Alias		Race W	Sex M	Date of Birth 03/08/1951
	Charge Description <b>BATTERY (DOMESTIC DATING VIOLENCE)</b>			784.03 (1A1)			Charge Description				
	Charge Description						Charge Description				
VICTIM	Victim's Name (Last, First, Middle) <b>MARTINEZ, PATRICIA</b>						Race W	Sex F	Date of Birth 09/22/1960		
	Local Address (Street, Apt. Number) <b>2108 CALVILLE # 202, LAS VEGAS NEVADA 89128</b>			(City)	(State)	(zip)	Phone (305) 833-1846	Address Source			
	Business Address (Name, Street) <b>NONE</b>			(City)	(State)	(zip)	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.      The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</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>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.</p> <p>Ms. described the incident as follows;</p> <p>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.</p> <p>The actions mentioned above caused injuries that consisted of redness to the left side of her spine.</p> <p>Ms. Martinez claimed the person who battered her without provocation was her current [REDACTED].</p> <p>Mr. Schatzman. I offered medical treatment for Ms. Martinez but she refused.</p> <p>The victim was given a Rights and Remedies Packet which was signed after receiving and a victim witness case information sheet.</p> <p>Photos were taken via a Dart camera by D/S T Drake and uploaded to the Domestic Violence website for review by the courts.</p> <p>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. Martinez that consisted of redness, contrary to Florida Statute 784.03(1A1). (1 DEGMISD).</p>											
PROBABLE CAUSE STATEMENT	 <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D/S T. DRAKE # 5310</p>										
ADMINISTRATIVE	<p>(Signature of Arresting/Investigative Officer)</p> <p>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></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>KNOWN</b></p> <p><b>VLSLUCKY/PBSO/719</b></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>										
	<p>PAGE <b>1</b> OF <b>1</b></p>										