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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			Request for Warrant Request for Capias		1	Juvenile
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 18091028			
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		# Weapon Seized
Location of Arrest (including Name of Business) 5195 206th TERRACE N. LOXAHATCHEE FLORIDA 33470		Location of Offense (Business Name, Address) 5195 206TH TERRACE N. LOXAHATCHEE FLORIDA 33470						
Date of arrest 06/27/18	Time of Arrest 23:43	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) RODRIGUEZ, BRITTANY ELAINE				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 06/29/90	Height 5-07	Weight 185	Eye Color BRN	Hair Color BLN	Complexion LIGHT	Build LARGE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Martial Status SINGLE	Religion NONE	Indication of Alcohol Influence Drug Influence Y N O O		
Local Address (Street, Apt. Number) 5195 206TH TERR.N		(City) LOXAHATCHEE	(State) FL	(zip) 33470	Phone (561) 660-2697	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number) 5195 206TH TERR N		(City) LOXAHATCHEE	(State) FL	(zip) 33470	Phone (561) 660-2697	Address Source FL D/L		
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation NONE		
D/L Number, State R-362-065-90-729-0 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship US
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
Parent Legal Custodian Other:		Name (Last)	(First)	(Middle)	Residence Phone			
Address (Street, Apt. Number)		(City)	(State)	(zip)	Business Phone			
Notified by: (Name)				Date	Time	Juvenile Disposition 1. Handed/processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated		
Released To: (Name)				Relationship		Date	Time	
The above address was 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's Office (Phone 355-2520) informed of any change of address. Yes, by (Name) No: (Reason)					School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property			
Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense Distribute	M. Manufacture/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	
Charge Description DOMESTIC BATTERY		Courts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03 1A1		Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit	Offense # 18091028	Warrant / Capias Number		Bond		
Charge Description		Courts	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		Courts	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		Courts	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)								
Court Date and Time Month Day Year Time A.M. P.M.								
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/Guardian)						Date Signed		
HOLD for other Agency Name				Signature of Arresting Officer 6972		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) EASTERDAY, C.		I.D. # 6972		PAGE
Intake Deputy		Pouch #	Transporting Officer P/S OAGLS		I.D. # 802	Agency P:JU		1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTS Number	PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile		
ADMIN	Agency ORI Number FLD 5000000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 18091028					
	Charge Type Check as many as apply	1 Felony <input type="checkbox"/>	2 Traffic Felony <input type="checkbox"/>	3 Misdemeanor <input checked="" type="checkbox"/>	4 Traffic Misdemeanor <input type="checkbox"/>	5 Ordinance <input type="checkbox"/>	6 Other <input type="checkbox"/>	Special Notes

DEF	Name (Last, First, Middle) RODRIGUEZ, BRITTANY ELAINE	Alias	Race W	Sex F	Date of Birth 06/29/90	
CHARGES	Charge Description DOMESTIC BATTERY	Charge Description				
	Charge Description	Charge Description				

VICTIM	Victim's Name (Last, First, Middle) STEPHENS, ANNETTE LOUISE	Race W	Sex F	Date of Birth 11/07/70		
	Local Address (Street, Apt Number) 5195 206TH TERR. N	(City) LOXAHATCHEE	(State) FL	(Zip) 33470	Phone (561) 202-7211	Address Source FL D/L
	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. was observed by _____ who told _____

confessed to _____ 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 27 day of JUNE 2018 at 10:35 A.M P.M (Specifically include facts constituting cause for arrest.)

ANNETTES HUSBAND, THOMAS MILLER CAME HOME FROM WORK AND DISCOVERED THE POWER TO THE RESIDENCE WASN'T WORKING/ MILLER GOT IT WORKING AND TOLD BRITTANY RODRIGUES IT WAS WORKING SO SHE COULD USE THE WASHING MACHINE. BRITTANY GOT UPSET AND STARTED YELLING THAT NOONE CARED ABOUT HER. SHE STARTED SLAMMING DOORS AND BREAKING PICTURES THAT WERE HANGING ON THE WALLS. MILLER YELLED AT HER TO STOP SO BRITTANY TRIED TO ATTACK HIM. BRITTANY'S BOYFRIEND PULLED HER AWAY. MILLER THEN LEFT THE RESIDENCE. BRITTANY THEN TRIED TO TAKE HER DAUGHTER, ARIBELLA RODRIGUEZ AND LEAVE THE RESIDENCE. BRITTANY'S MOTHER, ANNETTE STEPHENS TOLD BRITTANY SHE COULD NOT TAKE THE CHILD. ANNETTE STATED THE CHILD HAS BEEN LIVING WITH HER FOR 4 YEARS AND BRITTANY ONLY RECENTLY MOVED BACK IN. BRITTANY THEN THREW ANNETTE TO THE GROUND AND STARTED PUNCHING HER IN THE FACE AND BACK OF HER HEAD.

SUBSEQUENT TO THE ABOVE INCIDENT, BRITTANY RODRIGUEZ WAS ARRESTED FOR DOMESTIC BATTERY PER F.S. 784.03 1A1.

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH	<u>OT 6972</u>
	(Signature of Arresting Investigative Officer)	
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27</u> day of <u>JUNE</u> 20 <u>18</u> by <u>D/S EASTERDAY #6972</u>	
	(Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	<u>KNOWN</u>
	<u>JIS T. PATT #8779</u>	
	Notary Public, Clerk of Court, Office (F.S. 117.10)	

**PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER: 18091028

DEFENDANT'S NAME: BRITTANY ELAINE RODRIGUEZ

DEFENDANT'S STATEMENT: YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: SAID HER MOTHER ATTACKED HER BECAUSE SHE TRIED TO TAKE HER OWN CHILD.

VICTIM'S NAME: ANNETTE LOUISE STEPHENS

VICTIM'S STATEMENTS: YES NO (IF YES: WRITTEN TAPED ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) SAID BRATTANY ATTACKED HER WHEN SHE TOLD HER SHE COULD NOT TAKE THE CHILD. HAD CUTS ON HER FACE FROM THE CONFRONTATION.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: MOTHER/DAUGHTER

PHOTOGRAPHS: SCENE: YES NO VICTIM(S): YES NO

911 CALL: YES NO WHO CALLED: ANNETTE STEPHENS AND BRITTANY RODRIGUEZ

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: PBCFR #22 AT THEIR STATION

AT HOSPITAL: YES NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: ARIBELLA A. RODRIGUEZ

DOB: 07/23/13

NAME: _____

DOB: _____

NAME: _____

DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____

DOB: _____

NAME: _____

DOB: _____

NAME: _____

DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO

VICTIM PREGNANT: YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: _____

PHONE: _____

RELATIVE/FRIEND ADDRESS: _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- 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

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

1. Incident Report #: 18091028 Agency: PBSO
Offense: DOMESTIC BATTERY
Suspect/Offender: BRITTANY RODRIGUEZ
D.O.B. 06/29/90 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: ANNETTE STEPHENS D.O.B. 11/07/70 Race: W Sex: F
Address: 5195 206TH TERR. N
City: LOXAHATCHEE State: FLORIDA Zip: 33470
Home #: _____ Work #: _____ Other: 561-202-7211

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE 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: EASTERDAY, C. I.D.# 6972 Date: 06-28-2018

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00028A REV. 4/99

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential Informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018021417	Date: 6/28/2018
	Specialist Name/ID: M. Tooks #8557