

J# 0501989

18mm 11025

# 2233

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 18126475</b>				
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		If Weapon Seized		Enter Type		Multiple Clearance Indicator <b>0 1</b>				
Location of Arrest (Including Name of Business) <b>880 Cotton Bay Dr Apt #2316 WPB, FL, 33406</b>				Location of Offense (Including Name of Business) <b>880 Cotton Bay Dr E Apt #2316 WPB, FL, 33406</b>						
Date of Arrest <b>Sep 26, 2018</b>	Time of Arrest <b>2030</b>	Booking Date <b>Sep 26, 2018</b>	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>De La Cerda Camila</b>				NMN		Alias (Name, DOB, Soc. Sec. # Etc.)				
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>04/21/94</b>	Height <b>5'7</b>	Weight <b>153</b>	Eye Color <b>Bro</b>	Hair Color <b>Bro</b>	Complexion <b>Fair</b>	Build <b>Small</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Birth Mark R Wrist</b>				Marital Status <b>Single</b>	Religion <b>Catholic</b>	Indication of Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> L <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>880 Cotton Bay Dr E Apt #2316</b>		City <b>WPB</b>	State <b>FL</b>	Zip <b>33406</b>	Phone <b>(561) 301-7684</b>	Residence Type 1. City 3. Florida 2. County 4. Out of State <b>2</b>				
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source <b>Arrestee</b>				
Business Address (Street, Apt. Number) <b>Stretch Zone 301 Village Blvd</b>		City <b>WPB</b>	State <b>FL</b>	Zip <b>33209</b>	Phone <b>(561) 400-4719</b>	Occupation <b>Physical Therapist</b>				
DL Number, State <b>D-426-100-94-641-0</b>		Social Security Number		INS Number	Place of Birth <b>WPB, FL</b>	Citizenship <b>U.S.</b>				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone				
Address (Street, Apt. No.)		City	State	Zip	Business Phone					
Notified By (Name)		Time	Juvenile Disposition 1. Handed/Processed with 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 561.360.2526) informed of any address change <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	P Paraphernalia/ Equipment	U Unknown Z Other
Charge Description <b>Simple Battery (D.V.)</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1)(a)(i)</b>		Violation or ORD. #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit <b>N/A</b>	Offense # <b>18126475</b>	Warrant/Capias Number <b>N/A</b>		Bond				
Charge Description		Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Location (Court, Address, Room Number)										
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>										
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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		Name Verification (Printed by Arrestee)				
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer <b>D/S V. Blackman</b> Name of Arresting Officer ID# <b>8396</b>		(PRINT) <b>SEP 26 PM 10:35</b>		Page <b>1</b> of <b>1</b>				
Intake Deputy <b>D/S [Signature]</b>		Transporting Officer ID# <b>D/S V. Blackman</b>		Agency <b>P.B.S.O.</b>		Witness here if subject signed with an "X"				

SCANNED  
SEP 27 2018

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest	3. Request For Warrant	1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>		<b>18126475</b>		
Charge Type Check as many as apply		Special Notes							
<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									
Defendant Name (Last, First, Middle) <b>De La Cerda Camila</b>				Race <b>NMN</b>	Sex <b>F</b>	Date of Birth <b>04/21/94</b>			
Charge <b>Simple Battery (D.V.)</b>				Charge					
Victim Name (Last, First, Middle) <b>De La Cerda Francisca</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/07/95</b>			
Local Address (Street, Apt. Number) <b>880 Cotton Bay Dr E Apt #2316</b>		City <b>WPB</b>	State <b>FL</b>	Zip <b>33406</b>	Phone <b>(561) 379-2834</b>	Address Source <b>Victim</b>			
Business Address (Street, Apt. Number) <b>Online Training Host</b>		City <b>Palm Springs</b>	State <b>FL</b>	Zip <b>33406</b>	Phone <b>(561) 283-0333</b>	Occupation <b>Online Teacher</b>			
The undersign 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...									
<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 admitting to the below facts.					<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.				
On the <b>26th</b> day of <b>September</b> 20 <b>18</b> at <b>08:11</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On Wednesday, September 26th, 2018 at approximately 2011 hrs I responded to a domestic disturbance complaint located at 880 Cotton Bay Dr E Apt #2316, in the Turtle Cove Apartment Complex located in unincorporated West Palm Beach, Palm Beach County, Florida, 33406.

Upon arrival I met and spoke with the suspect verbally identified as Camila De La Cerda in the parking lot of the apartment complex. C. De La Cerda advised that she and her sister verbally identified as Francisca De La Cerda had been involved in a verbal altercation which turned physical when she claimed that F. De La Cerda attempted to take her cellular phone from her hands. C. De La Cerda advised that she and F. De La Cerda began physically fighting in the kitchen area of their apartment. C. De La Cerda advised that she was not injured nor did she believe that F. De La Cerda was.

I then met and spoke with F. De La Cerda at the foot of the stairwell to their apartment where she informed me that she and C. De La Cerda had been in a verbal altercation over C. De La Cerda not cleaning their apartment when it was her turn to do so. F. De La Cerda advised that C. De La Cerda became physical by striking her right shoulder with her own right shoulder causing her to twist around so her back was to C. De La Cerda who then began repeatedly punching her in her back with a closed fist.

F. De La Cerda then showed me her back which I observed served red welts on her right shoulder the size of a small fist. I asked F. De La Cerda if she had any other injuries to which she replied no. F. De La Cerda then completed and signed a sworn written statement attesting to what occurred.

F. De La Cerda advised that she and C. De La Cerda are sisters they have the same mother and father and they have resided together for the past nine months with F. De la Cerda's two and a half year old daughter Miabella Estremera as a family. F. De La Cerda further advised that Miabella was not present during the physical or verbal altercation.

Based on the above information there is probable cause for the arrest of C. De La Cerda for simple battery domestic violence related contrary to F.S.S.

The foregoing instrument was sworn to and affirmed before me this <b>26th</b> day of <b>September</b> 20 <b>18</b> , by:	
<b>D/s J. Williams #31928</b>	<b>D/s V. Blackman 8398</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page <b>1</b> of <b>1</b>	

**SCANNED**  
**SEP 27 2018**

# VICTIM NOTIFICATION FORM

- 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
- Dating Violence

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

1. Incident Report #: 18126475 Agency: Palm Beach County Sheriff's Office  
 Offense: Simple Battery (D.V.)  
 Suspect/Offender: De La Cerda Camila NMN  
 DOB: 04/21/94 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's Name: De La Cerda Francisca DOB: 08/07/95 Race: W Sex: F  
 Address: 880 Cotton Bay Dr E Apt #2318  
 City: WPB State: FL Zip: 33408  
 Home #: (561) 379-2834 Work #: \_\_\_\_\_ Other #: (561) 508-8840

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 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: D/s V. Blackman ID #: 8396 Date: Sep 26, 2018

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause affidavit)

Suspect: Camila De La Cerda DOB: 04 / 21 / 1994 Case #: 18126475

Victim: Francisca De La Cerda DOB: 08 / 07 / 1995 Race: W Sex: F

Relationship between Victim and Defendant: Blood Sisters

Photographs: Scene  Yes  No      Victim  Yes  No      Defendant  Yes  No

911 Call:  Yes  No      Caller: Francisca De La Cerda

Weapon Used:  Yes  No      Type: \_\_\_\_\_

Witness:  Yes  No      Name: \_\_\_\_\_

Victim Pregnant:  Yes  No      If yes, \_\_\_\_\_ weeks \_\_\_\_\_ months

Injuries:  Yes  No      Description: Bruises/Abraisions Right Shoulder

Medical Treatment:  Yes  No

At Scene:  Yes  No      Paramedics: \_\_\_\_\_

At Hospital:  Yes  No      Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are Children Living in Home?  Yes  No      DCF Notified?  Yes  No

Name: [REDACTED]      DOB: [REDACTED]

Name: \_\_\_\_\_      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Injunction  Yes  No      Case #: \_\_\_\_\_

No Contact Order  Yes  No      Case #: \_\_\_\_\_

Alcohol or Drugs  Yes  No  Unknown

Prior History of Domestic/Dating Violence  Yes  No

Defendant's Statements  Yes  No      If yes,  written  recorded  oral

First words Defendant said when you responded to scene: Advised she and victim had been in a verbal altercation which became physical.

Victim's Statements  Yes  No      If yes,  written  recorded  oral

First words Victim said when you responded to scene: \_\_\_\_\_

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes  No If yes, name: \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Observations of Victim (Physical & Emotional): \_\_\_\_\_

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other \_\_\_\_\_

Victim Contact Information:

Local Address: 880 Cotton Bay Dr E Apt #2316, West Palm Beach, Florida, 33406

Phone: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_      Work (561) 283 - 0333      Cell (561) 379 - 2834

Employer: \_\_\_\_\_

Name of Relative: Patrick De La Cerda      Phone (561) 762 - 2260

Address: 708 El Vedado, West Palm Beach, Florida, 33405

**SCANNED**  
**SEP 27 2018**

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS  VICTIM  OTHER

CASE #: 18-126475	ZONE: 1-13	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 9-26-18
EVENT TYPE: Battering (Domestic)		DEPUTY: V. Blackman	ID#: 8396

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: De la Cereca	FIRST NAME: Francisca	MIDDLE INITIAL:	RACE: H	SEX: F
DATE OF BIRTH: 08/07/1995 (MM/DD/YYYY)	YOUR HEIGHT: 56	YOUR WEIGHT: 162	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Hazel
YOUR HOME ADDRESS: 880 Cotton bay dr.	<input type="checkbox"/> CHECK IF HOMELESS	CITY: West Palm Beach	STATE: FL	ZIP: 33406
YOUR WORK NAME & ADDRESS: Online training host	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: West Palm Beach	STATE: FL	ZIP: 33405
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (561) 283-0333	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 379-2834	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ( )	EMAIL: <input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: 1 Francisca De la Cereca	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>My <sup>sister</sup> <del>mother</del> <sup>Camila</sup> <del>de la Cereca</del> and I were arguing about who needs to clean what in the house we live in. We began to yell at each other and she got very angry and while we were standing in the kitchen yelling at each other she got very aggressive and began punching my back. I told her to stop and she continued to punch me in the back. She finally stopped after about 8-9 times. Then I told her I was going to call the police.</p>	
PAGE <u>1</u> OF <u>1</u>	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: <i>[Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 9-26-18 TIME: 2040
	SIGNATURE: <i>[Signature]</i> ID: 28676

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.



**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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018032356	Date: 9/27/2018
	Specialist Name/ID: J. Beck/9007

**SCANNED**  
**SEP 27 2018**