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NH

3528

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-161971	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) 3185 BOUTWELL RD, LAKE WORTH/ FLORIDA/ 33461			Location of Offense (Business Name, Address) 3185 BOUTWELL RD, LAKE WORTH/ FLORIDA/ 33461			
Date of Arrest 12/10/2017	Time of Arrest 2155	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Dellcioppia, Christina, Marie						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 03/09/1982	Height 5'03	Weight 107	Eye Color HZL	Hair Color BLN	Complexion LIGHT	Build THIN	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) 12916 anthorne lane, Boynton Beach, FL, 33436			Phone (561) 323-5754			Residence Type: 1. City 2. County 3. Florida 4. Out of State			Address Source VERBAL		
Permanent Address (Street, Apt. Number) 12916 ANTHORNE LANE, BOYNTON BEACH, FL, 33436			Phone (561) 323-5754			Occupation BUSINESS OWNER			D/I Number, State D421113825890, FL		
Soc. Sec. Number			INS Number			Place of Birth (City, State) CORAL SPRINGS, FL			Citizenship YES		

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:	Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone DEC 10 2017 11:55
Notified by: (Name)	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)	Courts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(1)	Violation of ORD #	Warrant / Capias Number NAME					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	Warrant / Capias Number					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	Warrant / Capias Number					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	Warrant / Capias Number					

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 12/10/2017	
Signature of Defendant (or Juvenile and Parent /Custodian)	Date Signed

HOLD for other Agency Name	Signature of Arresting Officer J. HARDING	Name Verification (Printed by Arrestee) SCANNED
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) J. HARDING	(PRINT) DEC 11 2017
Intake Dept	ID # 28989	Agency PBSO
Pouch #	Witness here (Subject signed with "X")	PAGE 1 OF 1

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

2017 DEC 11 4:53:30

PROBABLE CAUSE AFFIDAVIT

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

Juvenile N

ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17-161971		
	Charge Type: Check as many as apply.		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 <input type="checkbox"/>		
DEF	Name (Last, First, Middle) Dellcioppia, Christina, Marie				Alias		Race W	Sex F	Date of Birth 03/09/1982
	Charge Description BATTERY (DOMESTIC) 784.03(1)(A)(1)				Charge Description				
VICTIM	Victim's Name (Last, First, Middle) Concillo, Ronald, James				Race W		Sex M		Date of Birth 09/21/1970
	Local Address (Street, Apt. Number) (City) (State) (zip) 12916 Anthonne Lane, Boyton Beach, FL 33436				Phone (954) 553-2602		Address Source VERBAL		
	Business Address (Name, Street) (City) (State) (zip) RETIRED				Phone ()		Occupation BUSINESS OWNER		
	<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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 10 day of DECEMBER 20 17 at 2155 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Sunday December 10, 2017 at approximately 2119 hours I responded to 3185 Boutwell Rd (Sunrise Detox Center), in incorporated Lake Worth, Florida, 33461 in reference to a domestic battery between a husband and wife.</p> <p>Upon my arrival I made contact with the victim Ronald Concillo, Ronald advised he and his wife Christina Dellcioppia were only involved in a verbal altercation where she attempted to physically strike him but he was able to block her attempts.</p> <p>I then made contact with Christina who appeared to be highly upset and was screaming. Christina advised she was upset with her husband due to the fact she found out he cheated on her three times. She denied any physical altercation.</p> <p>I then spoke to three employees of the business who all advised they witness Christina physically strike Ronald several times with her hands and also spit on him.</p> <p>Through my investigative findings I find probable cause to arrest Christina Dellcioppia for Domestic Battery per FSS 789.03(1)(A)(1).</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH				J. HARDING				
	(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of DECEMBER 20 17 by J. HARDING									
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced				KNOWN					
Notary Public, Clerk of Court, Officer (F.S.S. 117.00)									

NOT A CERTIFIED COPY

SCANNED
DEC 11 2017