

0510742

NR 19MM 10238P# 3834

OBTS Number		ARREST/NOTICE TO APPEAR		1. Arrest	3. Request for Warrant	1	Juvenile												
Agency ORI Number FL0 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number: 06-19112134		2. N.T.A.	4. Request for Capias												
Charge Type: Check as many as apply.		Weapon Seized / Type		Multiple Clearance Indicator		1													
<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		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		<input type="checkbox"/> 1 <input type="checkbox"/> 2															
Location of Arrest (Including Name of Business) 13001 SOUTHERN BLVD Loxahatchee, FL 33470				Location of Offense (Business Name, Address) 11705 GREENBRIAR CIR Wellington, FL 33414															
Date of Arrest 09/06/19	Time of Arrest 1745	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle													
Name (Last) Stanfield		Name (First) Christopher		Name (Middle) Lee		Alias (Name, DOB, Soc. Sec. #, Etc.)													
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 11/22/1968	Height 5'11	Weight 130	Eve Color BROWN	Hair Color BROWN	Complexion LIGHT	Build SMALL											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Married	Religion Christianity	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>													
Local Address (Street, Apt. Number) 11705 Greenbriar Circle		(City) (State) (Zip) Wellington, FL 33414		Phone 5617984516		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1													
Permanent Address (Street, Apt. Number) 11705 GREENBRIAR CIR		(City) (State) (Zip) WELLINGTON, FL 33414		Phone		Address Source FL DL													
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation													
DL Number, State S35112684220, 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	<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 <input type="checkbox"/> Other:		(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 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 355-2528) informed of any change of address.				School Attended		Grade													
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		Description of Property		Value of Property															
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property															
Drug Activity		S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate	Z. Other	Drug Type		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)		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a1)		Violation of ORD #		Drug Activity		Drug Type	Amount / Unit	Offense # 19112134	Warrant / Capias Number		Bond 0				
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 # 19112134	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 # 19112134	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 # 19112134	Warrant / Capias Number		Bond				
Location (Court Room Number Address) TBD								Court Date and Time Month 09 Day 06 Year 2019 Time AM <input type="checkbox"/> PM <input type="checkbox"/>											
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 09/06/19							
HOLD for other Agency Name:		Signature of Arresting Officer X				Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Slight		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) DS ITH, S.				I.D. # 9544											
Time of Arrest		I.D. #		Pouch #		Transporting Officer 01020		I.D. # 8052		Agency PBSO		Witness here if subject signed with an -X- 1 OF 1							

092700

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTS Number Agency ORI Number Agency Name Agency Report Number

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle) Alias Race Sex Date of Birth

Charge Description Charge Description

Charge Description Charge Description

Victim's Name (Last, First, Middle) Race Sex Date of Birth

Local Address (Street, Apt. Number) (City) (State) (zip) Phone Address Source

Business Address (Name, Street) (City) (State) (zip) Phone Occupation

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.

On the 6TH day of SEPTEMBER 20 19 at 1730 P.M. (Specifically include facts constituting cause for arrest.)

On 9/6/19 at 1730 hours, I responded to [redacted] in reference to a domestic battery. Prior to my arrival, I was advised that Christopher Stanfield had gotten into a domestic disturbance with his daughter.

Upon arrival, I spoke with [redacted] in the ER waiting room. She stated that she got into an argument with her father over a cell phone being taken away. She went to the kitchen and grabbed a knife during the heated argument but immediately put the knife down.

I then spoke with Angela Stanfield, who was in the ER waiting room with her. She stated that the argument was over a knife and [redacted] was very upset that it was taken away. She also corroborated that the knife was taken from [redacted] and that it was never used in a threatening manner.

I then spoke with Christopher Stanfield. She stated they were arguing over the cell phone. [redacted] started yelling and cussing at Angela and using profane language. He told [redacted] that she wasn't going to speak like that to his wife.

Based on my investigation, I found probable cause charges for (domestic) simple battery against Christopher Stanfield pursuant to FSS 784.03. He was placed in handcuffs and placed in the back of my patrol vehicle.

Photos of [redacted] injuries were taken via cell phone and uploaded into the domestic violence website. A domestic supplement and victim notification form were completed. A domestic battery brochure was given to the victim. DCF was notified via hotline.

This case was cleared by arrest.

STATE OF FLORIDA COUNTY OF PALM BEACH DS ITH, S. (ID #) 9544

The foregoing instrument was sworn to, affirmed and subscribed before me this 6th day of September 20 19 by DS ITH, S. 9544

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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 #: 19112134 Agency: PBSO
Offense: Battery (domestic)
Suspect/Offender: Name (Last) Stanfield (First) Christopher (Middle) Lee
D.O.B. 11/22/1968 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: [REDACTED] D.O.B. 3/2/04 Race: W Sex: F
Address: [REDACTED]
City: _____
Home # _____ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
Address: _____
City: _____
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: DS ITH, S. I.D.# 9544 Date: 09/06/19

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: Stanfield Christopher Lee
(FOR WARRANTS USE ONLY)
COURT CASE/WARRANT#:

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

Name (Last, First, Middle)
Suspect: Stanfield Christopher Lee **DOB:** 11/22/1968 **Case #:** 19112134

Name (Last, First)
Victim: [REDACTED] **DOB:** 3/2/04 **Race:** W **Sex:** F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No **Caller:** _____

Weapon Used: Yes No **Type:** _____

Witness: Yes No **Name:** (Last) _____ (First) _____ (Middle) _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No **Description:** _____

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** _____

At Hospital: Yes No **Hospital:** _____

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

Name: Charlotte Stanfield **DOB:** 11/23/05

Name: Christopher Stanfield **DOB:** 11/9/05

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: _____

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: (Last) [REDACTED]

Local Address: [REDACTED]

Phone: [REDACTED]

Employer: (Name) STUDENT (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **Phone:** _____

Address: _____

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 #: 19112134	ZONE: 8-21	SUSPECT: Christopher Steadly	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 9/11/19 700
EVENT TYPE: Domestic Battery		DEPUTY: S/S Ith S	ID#: 9544

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Smith		FIRST NAME: Angela		MIDDLE INITIAL:	RACE: W	SEX: F
DATE OF BIRTH: 1/25/1968 (MM/DD/YYYY)	YOUR HEIGHT: 5'3"	YOUR WEIGHT: 135	YOUR HAIR COLOR: blonde		YOUR EYE COLOR: blue	
YOUR HOME ADDRESS: [REDACTED]		<input type="checkbox"/> CHECK IF HOMELESS	CITY:	STATE:	ZIP:	
YOUR WORK NAME & ADDRESS: [REDACTED]		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:	
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: 561 371 1405 <input type="checkbox"/> CHECK IF NONE	HOME PHONE: [REDACTED] <input type="checkbox"/> CHECK IF NONE	EMAIL: [REDACTED]	<input type="checkbox"/> CHECK IF NONE		

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

YOUR NAME: Angela Smith	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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Daughter [REDACTED] arguing with me and I was
 pulled out of room to [REDACTED] started hitting me.
 I started to hit her [REDACTED] back and I threw a
 shoe to [REDACTED] head. She or
 [REDACTED] hit [REDACTED] head.

PAGE 1 OF 1

READ AND SIGN I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE: YOUR SIGNATURE: <u>[Signature]</u>	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10 SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 9-6-19 TIME: 1824 SIGNATURE: _____ ID: 9544
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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. DO NOT WISH TO PROSECUTE (INITIAL _____)



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"/>	(xli) 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019029118	Date: 09/07/2019
	Specialist Name/ID: M. Tooks #8557