

Jet # 0493566 ~~11/11~~ Pch 1567

ADMINISTRATIVE	OBTS Number		Arrest / Notice to Appear Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile
	Agency ORI Number F L O 502700		Agency Name PALM SPRINGS POLICE DEPARTMENT			Agency Report Number 82- 2017-26043				
	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	
			<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		Multiple Clearance Indicator	
DEPENDANT	Location of Arrest (Including Business Name)					Location of Offense (Business Name, Address)				
	1690 DALINDA LN PALM SPRINGS FL 33461					1690 DLAINDA LANE PALM SPRINGS FL 3361				
	Date of Arrest 11/22/17	Time of Arrest 1947	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
	Name (Last, First, Middle) GRIFFIN, CORIN, MICHELLE									
Race: W - White I - American Indian B - Black O - Oriental/Asian W										
Sex: F Date of Birth: 6/3/85 Height: 507 Weight: 160 Eye Color: BRO Hair Color: BRO Complexion: LIGHT Build: HVY										
Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description) BACK										
Marital Status: SIN Religion: Indication: Of Alcohol Influence: UNK Drug Influence: UNK										
Local Address (Street, Apt, Number) (City) (State) (Zip)					Phone		Residence Type: 1 City 3 Florida 2 County 4 Out of State			
1690 DALINDA LANE PALM SPRINGS FL 33461					5612913961					
Permanent Address (Street, Apt, Number) (City) (State) (Zip)					Phone		Address Source			
Business Address (Street, Apt, Number) (City) (State) (Zip)					Phone		Occupation			
D/L Number, State G615113857030			Social Security Number		INS Number		Place of Birth (City, State) BALTIMORE, MD		Citizenship US	
CO-DEF	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other Name (Last, First, Middle)		Residence Phone							
	<input type="checkbox"/> Legal Custodian		Business Phone							
	Local Address (Street, Apt, Number) (City) (State) (Zip)		NOV 22 PM 6:35							
	Notified by: (Name)		Date	Time	Juvenile Disposition:	1. Handled/Processed within 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes by: (name) <input type="checkbox"/> No:							School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					Value of Property			
CODE	Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate					Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv S. Synthetic				
	Charge Description SIMPLE BATTERY		Counts 1	Domestic Violence No	Statute Violation Number 784.03 (1) <i>CS</i>		Violation of ORD #			
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense Number 2017-26043		Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence No	Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence No	Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence No	Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence No	Statute Violation Number		Violation of ORD #			
NOTICE TO	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) CJC 3228 GUNCLUB RD WEST PALM BEACH FL 33406							
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side.		Court Date and Time		Month: DEC Day: 20 Year: 17		Time: 10:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> 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 UNWILLFULLY 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) <i>Corin Griffin</i>					Date Signed					
ADMIN.	HOLD for other agency Name:		Signature of Arresting Officer			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) OFC SHACKELFORD		I.D.# 104		Page	
	Intake Deputy <i>JLB</i>		Transporting Officer SHACKELFORD		I.D.# 104		Agency PSPD		1 of 1	

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OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest	3. Request for Warrant	1	Juvenile	
Agency ORI Number FLO 502700		Agency Name <b>PALM SPRINGS POLICE DEPARTMENT</b>			Agency Report Number 82- 2017-26043				
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:				
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other					
DEF	Name (Last, First, Middle) GRIFFIN, CORIN, MICHELLE			Alias	Race W	Sex F	Date of Birth 6/3/85		
	Charge Description SIMPLE BATTERY			Charge Description					
CHARGES	Charge Description			Charge Description					
	Charge Description			Charge Description					
VICTIM	Victim's Name (Last, First, Middle) WALMART			Alias	Race	Sex	Date of Birth		
	Local Address (Street, Apt, Number) (City) (State) (Zip)			Phone 5612913961		Address Source			
	Business Address (Street, Apt, Number) (City) (State) (Zip) 4400 FOREST HILL BLVD PALM SPRINGS FL 33461			Phone		Occupation			
<p>The undersigned certifies and swears that he/she has just and reasonable grounds, and does believe 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 acts. investigation.</p> <p><input checked="" type="checkbox"/> was observed by <u>Keyanna Samuel</u> who told ME that he/she saw the arrested person commit the acts below.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>22</u> day of <u>NOVEMBER</u> 2017 at 1919 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p style="text-align: center;">(PROBABLE CAUSE STATEMENT)</p> <p>On 11/22/17 at approximately 1919 hrs I responded to 1690 Dalinda Lane Palm Springs Palm Beach County, Florida in reference to a simple battery. Upon arrival I made contact with the victim, Ernest West. West stated he was at his apartment located at 1659 Dalinda Lane apt B when a w/f, later identified Corin Griffin, came over from her apartment located at 1660 Dalinda Lane Apt D. West stated he advised Griffin to stop coming over and knocking on the door at late hours. West stated a argument began and Griffin pushed him to the ground three seperate times, breaking his glasses. After speaking with West I made contact with a second witness, Keyanna Samuel. Samuel stated that West told Griffin to stop coming over and knocking on the door late to talk to her boyfriend and then Griffin pushed West. Samuel stated as West was getting back up Griffin pushed West a second time breaking his glasses. After speaking to her I made contact with Griffin. Griffin stated she is constantly in arguments with West over coming to his apartment to see her boyfriend. Griffin stated when she was confronted by West tonight she did push him to the ground. Griffin stated West did push her back. After speaking to all parties involved I placed Griffin under arrest. The cuffs were placed behind her back, double locked, and checked for tightness. Griffin was then transported to Palm Beach County jail.</p>									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>_____ Signature of Arresting/Investigating Officer</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>22</u> day <u>November</u> 20<u>17</u> by <u>OFC. SHACKELFORD #104</u></p> <p>(Print name if Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: <u>personally known to me</u></p> <p>_____ Signature of Notary Public/Clerk of Courts/Police Officer</p>									

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