

Agency ORI Number **FLO 5 0 0 0 0 0** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06 18-065822**

Charge Type: Check as many as apply  
 1. Felony  3. Misdemeanor  5. Ordinance  
 2. Traffic Felony  4. Traffic Misdemeanor  6. Other \_\_\_\_\_  
 If Weapon Seized \_\_\_\_\_ Enter Type \_\_\_\_\_ Multiple Clearance Indicator **0 1**

Location of Arrest (Including Name of Business) **905 N PALMWAY LAKE WORTH FL 33460** Location of Offense (Including Name of Business) **905 N PALMWAY LAKE WORTH FL 33460**

Date of Arrest **Apr 22, 2018** Time of Arrest **2217** Booking Date \_\_\_\_\_ Booking Time \_\_\_\_\_ Jail Date \_\_\_\_\_ Jail Time \_\_\_\_\_ Location of Vehicle **NA**

Name (Last, First, Middle) **HAMPSON, DANIEL R** Alias (Name, DOB, Soc. Sec. #. Etc.) \_\_\_\_\_

Race **W** Sex **M** Date of Birth **11/21/1987** Height **5-09** Weight **195** Eye Color **BROWN** Hair Color **GREEN** Complexion **MEDIUM** Build **MEDIUM**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **TRAIN, ANCHOR, EAGLE** Marital Status **SINGLE** Religion **CATHOLIC** Indication of Alcohol Influence  Y  N  Unk  
 Indication of Drug Influence  Y  N  Unk

Local Address (Street, Apt. Number) **905 N PALMWAY LAKE WORTH FL 33460** Phone **305-587-9348** Residence Type: 1. City 2. County 3. Florida 4. Out of State **01**

Permanent Address (Street, Apt. Number) **SAME SAME** Address Source **FL DL**

Business Address (Street, Apt. Number) \_\_\_\_\_ Occupation **REAL ESTATE**

D/L Number, State **H512-176-87-421-0** Social Security Number \_\_\_\_\_ INS Number \_\_\_\_\_ Place of Birth **KEY WEST, FL** Citizenship **USA**

Co-Defendant Name (Last, First, Middle) \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 1. Arrested  3. Felony  
 2. At Large  4. Misdemeanor  
 5. Juvenile

Co-Defendant Name (Last, First, Middle) \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 1. Arrested  3. Felony  
 2. At Large  4. Misdemeanor  
 5. Juvenile

Parent  Legal Guardian  Other Name (Last, First, Middle) \_\_\_\_\_ Phone \_\_\_\_\_

Address (Street, Apt. No.) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Notified By (Name) \_\_\_\_\_ Date \_\_\_\_\_ 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 was provided by  defendant and/or  defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change  
 Yes, by: (Name) \_\_\_\_\_  No (Reason) \_\_\_\_\_ School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Property Crime?  Yes  No Description of Property \_\_\_\_\_ Value of Property \_\_\_\_\_

Drug Activity: S. Sell R. Smuggle K. Dispense/ Produce Z. Other Drug Type: N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown  
 N. N/A B. Buy D. Deliver E. Use T. Traffic M. Manufacture/ Produce Cultivate A. Amphetamine C. Cocaine E. Heroin M. Marijuana

Charge Description **DOMESTIC BATTERY (ASSAULT)** Counts **1** Domestic Violence  Y  N Statute Violation Number **784.011** Violation or ORD. # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount/Unit \_\_\_\_\_ Offense # **18-065822** Warrant/Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation or ORD. # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount/Unit \_\_\_\_\_ Offense # \_\_\_\_\_ Warrant/Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation or ORD. # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount/Unit \_\_\_\_\_ Offense # \_\_\_\_\_ Warrant/Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  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  PM

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 HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) \_\_\_\_\_ Date Signed \_\_\_\_\_

HOLD for Other Agency Name \_\_\_\_\_ Signature of Arresting Officer \_\_\_\_\_ Name Verification (Printed by Arrestee) \_\_\_\_\_

Dangerous  Resisted Arrest  Suicidal  Other \_\_\_\_\_ Name of Arresting Officer **D/S J DESMOND** ID # **9714** (PRINT) \_\_\_\_\_

Intake Deputy \_\_\_\_\_ ID # \_\_\_\_\_ Transporting Officer **D/S J DESMOND** ID # \_\_\_\_\_ Agency **PBSO** Witness here if subject signed with an "X" \_\_\_\_\_ Page **1 of 1**

**SCANNED**  
**APR 23 2018**

**2018 APR 23 AM 5:21**  
**CLERK OF COURT**  
**CLERK OF COURT**

PROBABLE CAUSE AFFIDAVIT

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

Juvenile  N  1

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		Date of Birth <b>18-065822</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		Special Notes	
Defendant Name (Last, First, Middle) <b>HAMPSON, DANIEL</b>				Race <b>R</b>		Sex <b>M</b>		Date of Birth <b>11/21/1987</b>	
Charge <b>DOMESTIC BATTERY</b>				Charge		Charge		Charge	
Victim Name (Last, First, Middle) <b>BARRY COURTNEY J</b>				Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>11/3/1990</b>	
Local Address (Street, Apt. Number) <b>905 N PALMWAY</b>		City <b>LAKE WORTH</b>		State Zip <b>FL 33460</b>		Phone <b>201-874-3810</b>		Address Source <b>FL DL</b>	
Business Address (Street, Apt. Number)		City		State Zip		Phone		Occupation <b>THERAPIST</b>	
<p>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...</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 (described) investigation.</p> <p>On the <b>22ND</b> day of <b>APRIL</b> 20 <b>18</b> at <b>2215</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>									

ON APRIL 22, 2018 AT 2159 HOURS I RESPONDED TO 905 N PALMWAY LAKE WORTH, PALM BEACH COUNTY, FLORIDA IN REFERENCE TO A DOMESTIC BATTERY.

WHILE ENROUTE PBSO COMMUNICATIONS INFORMED ME THAT AN ANONYMOUS CALLER STATED THEIR NEIGHBOR'S COULD HEAR A MALE AND FEMALE YELLING FROM INSIDE THEIR RESIDENCE. I APPROACHED THE RESIDENCE AND COULD HEAR A MALE YELLING AT A FEMALE. I MADE CONTACT WITH A WHITE MALE DANIEL R HAMPSON DOB 11/21/1987. DANIEL STATED THAT HE AND HIS LIVE IN GIRLFRIEND HAD BEEN DRINKING EALIER IN THE EVENING AND AN ARGUEMENT ENSUED. DANIEL EXPLAINED THAT DURING THE ARGUEMENT HIS LIVE IN GIRLFRIEND WHITE FEMALE COURTNEY J BARRY DOB 10/3/1992 PUNCHED HIM IN HIS FACE TWO (2) TIMES DURING THE ALTERCATION.

I THEN MET WITH COURTNEY WHO STATED DANIEL WAS AGGRESIVE AND WAS YELLING/SCREAMING AT HER THROUGHOUT THE EVENING TO WHERE SHE KEPT GOING FROM ROOM TO ROOM TO GET AWAY FROM HIM. AT ONE POINT COURTNEY WENT INTO THE BATHROOM AND LOCKED THE DOOR. DANIEL FORCED THE BATHROOM DOOR IN SHATTERING THE WOODEN DOOR JAM. COURTNEY THEN PUNCHED DANIEL IN THE LEFT SIDE OF HIS FACE TWO (2) TIMES IN AN ATTEMPT TO GET AWAY FROM HIM. COURTNEY TOLD MY SHE WAS IN FEAR WHEN DANIEL FORCED THE LOCKED DOOR WHILE SHE WAS LOCKED IN THE BATHROOM.

I FIND PROBABLE CAUSE TO CHARGE DANIEL R HAMPSON WITH DOMESTIC ASSAULT FSS 784.11.

SCANNED  
APR 23 2018

The foregoing instrument was sworn to and affirmed before me this <b>22ND</b> day of <b>APRIL</b> 20 <b>18</b> , by:	
<b>D/S C JACOBS #25508</b>	<b>D/S J DESMOND 9714</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

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause Affidavit)

Defendant: HAMPSON, DANIEL R DOB: 11/21/1987 Case #: 18-065822
Victim: BARRY COURTNEY J DOB: 11/3/1990 Race: W Sex: F

Relationship between Victim and Defendant:

Photographs: Scene [ ] Yes [x] No Victim [x] Yes [ ] No Defendant [x] Yes [ ] No

911 Call: [x] Yes [ ] No Caller: NEIGHBOR

Weapon Used: [ ] Yes [x] No Type:

Witness: [ ] Yes [x] No Name:

Victim Pregnant: [ ] Yes [x] No If yes, Weeks Months

Injuries: [ ] Yes [x] No Description:

Medical Treatment: [ ] Yes [x] No

At Scene: [ ] Yes [x] No Paramedics: N/A

At Hospital: [ ] Yes [x] No Hospital: N/A Physician: N/A

Are children living in the home? [ ] Yes [x] No DCF Notified? [ ] Yes [ ] No

Name: DOB

Name: DOB

Name: DOB

Injunction: [ ] Yes [x] No Case #:

No Contact Order: [ ] Yes [x] No Case #:

Alcohol or Drugs: [x] Yes [ ] No [ ] Unknown

Prior history of Domestic/Dating Violence [x] Yes [ ] No

Defendant's statements [ ] Yes [x] No If yes, [ ] written [ ] recorded [ ] oral

First words Defendant said when you responded to scene: WAS CALM

Victim's statements [x] Yes [ ] No If yes, [x] written [ ] recorded [ ] oral

First words Victim said when you responded to scene: NONE

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?
[ ] Yes [x] No If yes, name: phone

Observations of Victim (Physical & Emotional):

[x] Upset [x] Crying [ ] Fearful [ ] Hysterical [x] Afraid [ ] Calm [ ] Nervous

[ ] Complained of pain [ ] Other

Victim contact information:

Local Address: 905 N PALMWAY

LAKE WORTH FL 33460

Phone: Home: 201-874-3810 Work: Cell: 201-874-3810

Employer:

Name of Relative: Phone:

SCANNED APR 23 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 #: 18-065822 Agency: Palm Beach County Sheriff's Office  
Offense: DOMESTIC BATTERY  
Suspect/Offender: HAMPSON, DANIEL R  
DOB: 11/21/1987 Race: W Sex: M

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

3.a. Victim's Name: BARRY COURTNEY J DOB: 11/3/1990 Race: W Sex: F  
Address: 905 N PALMWAY  
City: LAKE WORTH State: FL Zip: 33460  
Home #: 201-874-3810 Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

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 J DESMOND ID #: 9714 Date: Apr 22, 2018

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records