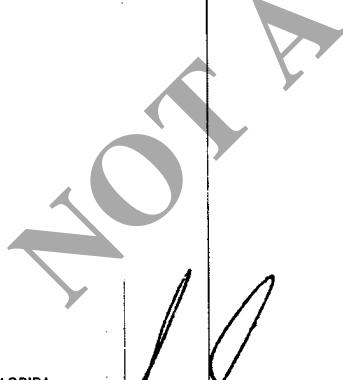


782
ARREST / NOTICE TO APPEAR
Juvenile Referral Report

050709 11mm 443+

OBTS Number				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N		
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19059265								
Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) 6315 SHADOW TREE LANE, LAKE WORTH FL 33463				Location of Offense (Business Name, Address) 6315 SHADOW TREE LANE, LAKE WORTH FL 33463								
Date of Arrest 04/13/2019		Time of Arrest 0945		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Alias (Name, DOB, Soc. Sec. #, Etc.) Laforest, Danielle, Deanne												
Name (Last, First, Middle) Laforest, Danielle, Deanne		Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W	Date of Birth 05/12/1973	Height 5'03	Weight 105	Eye Color BROWN	Hair Color BROWN	Complexion CLEAR	Build THIN		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) CROSS ON BACK, LEFT WRIST SCRIPTURE					Marital Status Married	Religion CHRISTIAN	Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) 6315 Shadow Tree Ln, Lake Worth, FL 33463		(City) Worth	(State) FL	(Zip) 33463	Phone (561) 324-4958		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3					
Permanent Address (Street, Apt. Number) ,		(City)	(State)	(Zip)	Phone ()		Address Source					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()		Occupation HOUSEWIFE					
DL Number, State L162164736720, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) DOVER NEW HAMPSHIRE		Citizenship US				
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large				
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"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other									Residence Phone ()			
Address (Street, Apt. Number)		(City)			(State)	(Zip)	Business Phone ()					
Notified by (Name)					Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released.					
Released To: (Name)					Relationship	Time	2. TOT HRS / DYS 3. Incarcerated					
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 checked="" type="checkbox"/> No		Description of Property			Value of Property							
Drug Activity N/A S. Sell B. Buy P. Possess R. Smuggle D. Deliver T. Traffic E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type 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				Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)				Violation of ORD #		
Drug Activity N N		Offense # 19059265				Warrant / Capias Number N				Bond		
Charge Description				Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #		
Drug Activity Drug Type Amount / Unit		Offense #				Warrant / Capias Number				Bond		
Charge Description				Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #		
Drug Activity Drug Type Amount / Unit		Offense #				Warrant / Capias Number				Bond		
Charge Description				Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #		
Drug Activity Drug Type Amount / Unit		Offense #				Warrant / Capias Number				Bond		
Location (Court Room Number Address)												
Court Date and Time Month Day		Year		Time	AM		PM		5:45			
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												
04/13/2019												
Signature of Defendant (or Juvenile and Parent /Custodian)												
Signature of Arresting Officer <i>M. SASSON</i>		Name Verification (Printed by Arrestee) 04/13/2019 (PRINT)										
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) M. SASSON I.D. # 25505										
I Make Deputy <i>M. SASSON</i>		I.D. #	Pouch #	Transporting Officer M. SASSON	ID # 25505	Agency PBSO	Witness here if subject signed with an "X" 04/13/2019					
DISTRIBUTION: WHITE - COURT		COPY		GREEN - STATE ATTORNEY	YELLOW - AGENCY	PINK - AGENCY	GOLD - DEFENDANT (N.R. ONLY)					
PBSO 1148 REV. 8/87												

		PROBABLE CAUSE AFFIDAVIT									
ADMIN	OBTS Number						1. Arrest	3. Request for Warrant			
	Agency ORI Number	Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE					2. N.T.A.	4. Request for Capias		
FLO 500000		06-19059265					Special Notes:				
Charge Type: Check as many as apply. 1. Felony 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									
CHARGES DEF	Name (Last, First, Middle) Laforest, Danielle, Deanne					Alias		Race W	Sex F	Date of Birth 05/12/1973	
	Charge Description BATTERY		Charge Description 784.03(1)(a)(1)								
VICTIM	Charge Description					Charge Description					
	Victim's Name (Last, First, Middle) Laforest, Brian, James		(City)			(State)	(zip)	Phone (561) 324-4957	Race W		Sex M
Local Address (Street, Apt. Number) 6315 Shadow Tree Ln, Lake Worth, FL 33463								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. The Person taken into custody		<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" 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.									
On the 13TH day of APRIL 2019 at 0945		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
<p>ON SATURDAY APRIL 13TH, 2019 AT 0920 HOURS I WAS DISPATCHED TO 6315 SHADOW TREE LANE LOCATED IN UNINCORPORATED LAKE WORTH, PALM BEACH COUNTY FLORIDA REFERENCE A DOMESTIC BATTERY.</p> <p>UPON ARRIVAL I WAS MET BY W/M BRIAN LAFOREST WHO STATED HIS WIFE DANIELLE LAFOREST WHOM HE RESIDES WITH ACCUSED HIM OF TAKING \$1200.00 FROM HER BAG AND THEN CHASED HIM AROUND ROOM WITH HOUSE KEYS SCRATCHING HIM ON ARM AND FINGERS AND ALONG RIB CAGE, CAUSING BLEEDING.</p> <p>DANIELLE STATED BRIAN SLAPPED HER IN HER HEAD AND FACE, NO VISIBLE MARKS OR INJURIES OBSERVED ON HER BODY.</p> <p>BASED ON MY ABOVE INVESTIGATION DANIELLE LAFOREST WAS DETERMINED TO BE THE PRIMARY AGGRESSOR. SHE DID COMMIT BATTERY BY FORCIBLY STRIKING BRIAN LAFOREST AND CAUSING VISIBLE INJURY. BRIAN LAFOREST BELIEVES SHE WILL HIT OR STRIKE HIM AGAIN.</p> <p>BASED ON THE ABOVE FACTS DANIELLE LAFOREST WAS PLACED UNDER ARREST FOR THE CHARGES OF BATTERY AS THE TWO ARE RELATED AS AND WHERE THEY CURRENTLY RESIDE TOGETHER AS A FAMILY CONTRARY TO F.S.S. 784.03(1)(a)(1).</p>											
PROBABLE CAUSE STATEMENT	 M. SASSON <i>#25505</i>										
	STATE OF FLORIDA COUNTY OF PALM BEACH										
ADMINISTRATIVE	<input type="checkbox"/> (Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this 13TH day of APRIL 2019 by M.SASSON										
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced _____ C. REECE #24519											
Notary Public, Clerk of Court, Officer (S.S. 117.10)											
PBSO #0004 REV. 04/01		DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY									
PAGE 1 OF 1											

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**
- **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 #: 19057388 Agency: _____
Offense: Domestic _____
Suspect/Offender: John Doe (412-345-6789) _____
D.O.B. 5/12/1978 Race: _____ Sex: _____

2. Warrant #(s): _____

3.a. Victim's name: John Doe D.O.B. _____ Race: _____ Sex: M
Address: _____
City: Orlando State: FL Zip: 32804
Home #: 407-555-1234 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 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: John Doe I.D. #: 123456789 Date: 05/12/11



Florida State Statute Exemption Sheet

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

REVIEW COMPLETED BY

Booking Number: 2019012330	Date: 04/14/2019
	Specialist Name/ID: AM/31562