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ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1

Juvenile

N

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-19059265</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		Weapon Seized / Type 2. No	
Location of Arrest (Including Name of Business) <b>6315 SHADOW TREE LANE, LAKE WORTH FL 33463</b>		Location of Offense (Business Name, Address) <b>6315 SHADOW TREE LANE, LAKE WORTH FL 33463</b>					
Date of Arrest <b>04/13/2019</b>	Time of Arrest <b>0945</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>Laforest, Danielle, Deanne</b>							
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/12/1973</b>	Height <b>5'03</b>	Weight <b>105</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>CLEAR</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>CROSS ON BACK, LEFT WRIST SCRIPTURE</b>		Marital Status <b>Married</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>6315 Shadow Tree Ln, Lake Worth, FL 33463</b>		(City)	(State)	(Zip)	Phone <b>(561) 324-4958</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>HOUSEWIFE</b>	
D/L Number, State <b>L162164736720, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>DOVER NEW HAMPSHIRE</b>	Citizenship <b>US</b>
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		Residence Phone					
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
Notified by: (Name)		Date	Relationship		Juv. Disposition: Handled/processed within Days and Released.		
Released To: (Name)		Date	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 A. 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
Charge Description <b>BATTERY</b>		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation of ORD #	
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit	Offense # <b>19059265</b>	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 #	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 #	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 #	Warrant / Capias Number		Bond
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. <b>04/13/2019</b>							
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed	
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		(PRINT)			
Transporting Officer <b>M. SASSON</b>		ID # <b>25505</b>		Agency <b>PBSO</b>			
Witness here if subject signed with an "X"							

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A. ONLY)

SCANNED  
APR 14 2019

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number	Agency Name		Agency Report Number							
	<b>FLO 500000</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		<b>06- 19059265</b>							
DEF	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:							
	Name (Last, First, Middle)	Alias		Race	Sex	Date of Birth					
CHARGES	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth				
	<b>Laforest, Danielle, Deanne</b>				<b>W</b>	<b>F</b>	<b>05/12/1973</b>				
	Charge Description	784.03(1)(a)(1)		Charge Description							
VICTIM	Charge Description		Charge Description								
	Charge Description		Charge Description								
	Charge Description		Charge Description								
PROBABLE CAUSE STATEMENT	Victim's Name (Last, First, Middle)		Race		Sex	Date of Birth					
	<b>Laforest, Brian, James</b>		<b>W</b>		<b>M</b>	<b>08/03/1975</b>					
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source			
	<b>6315 Shadow Tree Ln, Lake Worth, FL 33463</b>					<b>( 561 ) 324-4957</b>					
ADMINISTRATIVE	Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation			
<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.</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.  <input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </p> <p>admitting to the below facts.</p> <p>On the <b>13TH</b> day of <b>APRIL</b> 20 <b>19</b> at <b>0945</b> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p><b>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.</b></p> <p><b>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.</b></p> <p><b>DANIELLE STATED BRIAN SLAPPED HER IN HER HEAD AND FACE, NO VISIBLE MARKS OR INJURIES OBSERVED ON HER BODY.</b></p> <p><b>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.</b></p> <p><b>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).</b></p>											
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;"><b>M.SASSON</b> <span style="font-size: 2em; margin-left: 20px;">#25505</span></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>13TH</b> day of <b>APRIL</b> 20 <b>19</b> by <b>M.SASSON</b></p> <p>(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced _____</p> <p><b>C. REECE #24519</b></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>											

# 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 #: 1905726 Agency: 1100  
Offense: Battery  
Suspect/Offender: 1100  
D.O.B. 6/12/73 Race: W Sex: M

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

3.a. Victim's name: Kevin L. Smith D.O.B. 11/11/71 Race: W Sex: M  
Address: 1100  
City: 1100 State: FL Zip: 33101  
Home #: 305-241-1111 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: 1100 I.D. # 1100 Date: 11/11/11

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<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