

J#0439226

P#3414

ARREST / NOTICE TO APPEAR

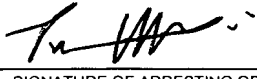
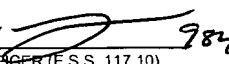
AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 17-001819		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE	
O F F E N D A N T	Charge Type: Check as many as apply. <input 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		If Weapon Seized Enter Type Hands/fist/feet/teeth		Multiple Clearance Indicator 1							
	Location of Arrest (Including Name of Business) 3240 DELRAY BAY DR APT. 612, DELRAY BEACH						Location of Offense (Business Name, Address) 3240 DELRAY BAY DR 612, DELRAY BEACH, FL 33483					
	Date of Arrest 02/02/2017		Time of Arrest 03:48		Booking Date 02/02/2017		Booking Time 04:17		Jail Date // ::		Jail Time 	
	Location of Vehicle 											
C O D E F	Name (Last, First, Middle) LA MENDOLA, DENEILLE MARIE										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:	
	Race W - White B - Black W		Sex M - Male F - Female F		Date of Birth 02/01/1994		Height 5'04		Weight 120		Eye Color BROWN	
	Hair Color BROWN		Complexion LIGHT		Build THIN		Marital Status S		Religion NOT INDICA		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) 										Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
	Local Address (Street, Apt. Number) 4994 N CITATION DR 206, DELRAY BEACH, FL 33445						(City) 		(State) 		(Zip) 	
	Permanent Address (Street, Apt. Number) 4994 N CITATION DR 206, DELRAY BEACH, FL 33445						(City) 		(State) 		(Zip) 	
	Business Address (Name, Street) 						(City) 		(State) 		(Zip) 	
	D/L Number, State L553173945410 / FL						Soc. Sec. Number 		INS Number 		Place of Birth (City, State) NEW YORK, NY, United	
	Citizenship 											
	J U V E N I L E	Co-Defendant Name (Last, First, Middle) 										Race
Co-Defendant Name (Last, First, Middle) 										Race 		
Co-Defendant Name (Last, First, Middle) 										Race 		
Co-Defendant Name (Last, First, Middle) 										Race 		
C H A R G E	Parent <input type="checkbox"/> Other: <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Name (Last, First, Middle) NO BOND										Residence Phone 	
	Address (Street, Apt. Number) 										(City) 	
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	Address (Street, Apt. Number) 										(City) 	
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C H A R G E	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.										School Attended 	
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I N T A K E	Drug Activity S. Sell P. Possess 										S. Sell B. Buy T. Traffic 	
	R. Smuggle D. Deliver E. Use 										K. Disperse/ Distribute 	
	M. Manufacture/ Produce/ Cultivate 										Z. Other 	
	Drug Type N. N/A A. Amphetamine 										B. Barbiturate C. Cocaine E. Heroin 	
	H. Hallucinogen M. Marijuana O. Opium/deriv. 										P. Paraphernalia/ Equipment S. Synthetic 	
	U. Unknown Z. Other 											
	Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)										Statute Violation Number 784.03(1A1)	
	Drug Activity N										Amount / Unit /	
	Offense # 17-001819										Counts 1	
	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N										Warrant / Capias Number 	
N O T I C E	Charge Description 										Statute Violation Number 	
	Drug Activity 										Amount / Unit 	
	Offense # 										Counts 	
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N										Warrant / Capias Number 	
	Charge Description 										Statute Violation Number 	
	Drug Activity 										Amount / Unit 	
	Offense # 										Counts 	
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N										Warrant / Capias Number 	
	Charge Description 										Statute Violation Number 	
	Drug Activity 										Amount / Unit 	
T O A P P E A R	Health / Apparent Physical Condition of Defendant 										Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: 	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail										PROPERTY - Received By 	
	Released By 										Released To 	
	Transported By 										Date Transported // ::	
	Time Transported 										Other 	
	INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	
	Court Date and Time 											
	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.										No Photo Available	
	Signature of Defendant (or Juvenile and Parent/Custodian) 										Date Signed 	
	A D M I N	HOLD for Other Agency 										Signature of Arresting Officer
Name of Arresting Officer (Print) KYOTIKKI, TEO J.										I.D. # 1095		
Transporting Officer KYOTIKKI										I.D. # 1095		
Agency DBPD												
Witness here if subject signed with an "X". 												
Intake Deputy CPHARDEN										Pouch # 4716		
Name Verification (Printed by Arrestee) 										(PRINT) 		
FEB 2 4 16:16												
PAGE 1 OF 1												

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 02/02/2017 03:48		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-001819	
	Name (Last, First, Middle) LA MENDOLA, DENEILLE MARIE						Race W	Sex F
C H A R G E	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) SCHLESINGER, JAMES						Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 3240 DELRAY BAY DR 612, DELRAY BEACH, FL 33483				Phone (540) 424-2523		Address Source VERBAL	
	Business Address (Name, Street) (City) (State) (Zip) CROSS COUNTRY MORTGAGE				Phone (540) 424-2523		Occupation LENDER	
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SCRATCHES/REDNESS					
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>							
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT COUPLE							
	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: VICTIM</p> <p>WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE:</p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS:</p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>							
N O T A R Y	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p>SCANNED FEB 02 2017  SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>2</u> day of <u>February</u>, <u>2017</u>.</p> <p>FERRERI, GARY  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 02/02/2017 03:48		
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-001819

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida:

At approximately 0330 hours on 2/2/17 I responded to 3240 Delray Bay Dr. Apt. 612 in reference to a physical altercation. On arrival I met with victim, James Schlesinger, in front of his residence who stated that he had been celebrating his girlfriend, Deneille La Mendola's, birthday with her. Schlesinger stated that the couple were having a good time throughout the night. The two returned to Schlesinger's home and La Mendola suddenly became upset with Schlesinger. Schlesinger was unable to provide a reason as to why La Mendola became upset and violent. Schlesinger had a minor scratch under his left eye and redness on the right side of his neck. Schlesinger stated that the two have been dating on and off for approximately two and a half years.

I then spoke with La Mendola inside of Schlesinger's residence who was obviously intoxicated as her eyes were glassy and the strong odor of an unknown alcoholic beverage emanated from her breath as she spoke. La Mendola stated that the couple had been celebrating her birthday this evening. La Mendola stated that Schlesinger had become enraged and had physically attacked her. La Mendola stated that Schlesinger had grabbed her hair and pulled it. La Mendola denied putting her hands on Schlesinger. No marks were observed on La Mendola.

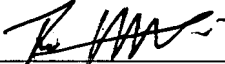
The inside of the apartment was in a disarray with broken glass scattered across the floor, Schlesinger's passport had been ripped up, and other items were thrown throughout the apartment. This was captured on mine and Sgt. Ferreri's body camera.

Also while on scene I spoke to Sergeant Ferreri who arrived approximately ten minutes prior to me. Sergeant Ferreri told me the following; when he arrived on scene Schlesinger was outside of the apartment on the phone with 911. Sgt. Ferreri also observed the marks under Schlesinger's eye and on his neck. Schlesinger told Ferreri that he and La Mendola have dated for approximately two and half years on and off and La Mendola often sleeps at his residence. Schlesinger also told Ferreri that the two have a history of dating violence and that he was previously arrested as a result. Schlesinger told Ferreri that the two had gone to a couple of bars earlier in the evening to celebrate La Mendola's birthday and later returned to his apartment. When they returned to his apartment the couple danced and La Mendola went crazy for no apparent reason and began to physically attack him with her hands and then began to break multiple items in his home in addition to putting a hole in the wall behind his bedroom door. Schlesinger said that he went outside, called 911 and remained there until officers arrived. Sgt. Ferreri also told me that he spoke to La Mendola. Upon speaking to La Mendola, Ferreri said that she appeared intoxicated to him as well and that she was acting irrational, she was screaming and yelling and told him that Schlesinger attacked her. Ferreri stated that he did not see any visible marks on La Mendola. La Mendola also told Ferreri that the two have been dating on and off for approximately two years and that Schlesinger had been arrested for attacking her in the past.

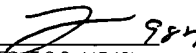
Based on the aforementioned facts, Probable Cause exists to charge the Defendant, Deneille La Mendola with one count of Simple Battery (Domestic) contrary to F.S.S. 784.03(1A1)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____, personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 2 day of February, 2017.

FERRERI, GARY 
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)