

0485/16

NH

933

|  |  |  |  |   |  |   |  |   |  |  |  |   |  |   |  |                                |  |                                |  |                        |  |
|--|--|--|--|---|--|---|--|---|--|--|--|---|--|---|--|--------------------------------|--|--------------------------------|--|------------------------|--|
| OBTS Number<br><b>15036220</b>   |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report    |  | 1. Arrest 3. Request For Warrant<br>2. N.T.A. 4. Request For Capias         |  | 1   |  | Juvenile<br>n   |  |  |  |   |  |   |  |                                |  |                                |  |                        |  |
| Agency ORI Number<br><b>FLO 5 0 0 0 0</b>  |  | Agency Name<br><b>PALM BEACH COUNTY SHERRIF'S OFFICE</b> |  | Agency Report Number<br><b>06</b>   |  | <b>17-036263</b>  |  |   |  |  |  |   |  |   |  |                                |  |                                |  |                        |  |
| Charge Type:<br>Check as many as apply<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                          |  | If Weapon Seized<br>Enter Type                           |  | Multiple Clearance Indicator<br><b>0</b>                                    |  | <b>1</b>  |  |   |  |  |  |   |  |   |  |                                |  |                                |  |                        |  |
| Location of Arrest (Including Name of Business)<br><b>11701 LAKE VICTORIA AVE PBG FL</b>   |  |  |  |   |  |   |  |   |  |  |  |   |  |   |  |                                |  |                                |  |                        |  |
| Date of Arrest<br><b>Feb 6, 2017</b>   |  | Time of Arrest<br><b>1413</b>                            |  | Booking Date  |  | Booking Time  |  | Jail Date   |  | Jail Time  |  | Location of Vehicle   |  |   |  |                                |  |                                |  |                        |  |
| Name (Last, First, Middle)<br><b>ZELENKO ELLIOTT ROBERT</b>  |  |  |  | Alias (Name, DOB, Soc. Sec. #. Etc.)  |  |   |  |   |  |  |  |   |  |   |  |                                |  |                                |  |                        |  |
| Race<br>W - White<br>B - Black<br>O - Oriental/Asian<br><b>W</b>   |  | Sex<br><b>M</b>  |  | Date of Birth<br><b>11/10/82</b>  |  | Height<br><b>6-00</b>   |  | Weight<br><b>185</b>  |  | Eye Color<br><b>BRO</b>  |  | Hair Color<br><b>BRO</b>  |  | Complexion<br><b>MED</b>                  |  | Build<br><b>MED</b>            |  |                                |  |                        |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>NONE KNOWN</b>   |  |  |  | Marital Status<br><b>S</b>  |  | Religion<br><b>UK</b>   |  | Indication of Alcohol Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> |  | Indication of Drug Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> |  |   |  |   |  |                                |  |                                |  |                        |  |
| Local Address (Street, Apt. Number)<br><b>3753 GULL RD</b>   |  |  |  | City<br><b>PBG</b>  |  | State<br><b>FL</b>  |  | Zip<br><b>33410</b>   |  | Phone<br><b>UK</b>   |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br><b>2</b>                                  |  |   |  |                                |  |                                |  |                        |  |
| Permanent Address (Street, Apt. Number)  |  |  |  | City  |  | State   |  | Zip   |  | Phone  |  | Address Source  |  |   |  |                                |  |                                |  |                        |  |
| Business Address (Street, Apt. Number)<br><b>TOOJAY'S DELI 11701 LAKE VICTORIA</b>   |  |  |  | City<br><b>PBG</b>  |  | State<br><b>FL</b>  |  | Zip<br><b>33410</b>   |  | Phone<br><b>561-622-8131</b>   |  | Occupation  |  |   |  |                                |  |                                |  |                        |  |
| D/L Number, State<br><b>Z452-216-82-410-0</b>  |  |  |  | Social Security Number  |  |   |  | INS Number  |  | Place of Birth<br><b>PITTSBURGH PA</b>   |  | Citizenship<br><b>US</b>  |  |   |  |                                |  |                                |  |                        |  |
| Co-Defendant Name (Last, First, Middle)  |  |  |  | Race  |  | Sex   |  | Date of Birth   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large                                       |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |   |  |                                |  |                                |  |                        |  |
| Co-Defendant Name (Last, First, Middle)  |  |  |  | Race  |  | Sex   |  | Date of Birth   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large                                       |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |   |  |                                |  |                                |  |                        |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> Other   |  | Name (Last, First, Middle)                               |  |   |  |   |  |   |  | Phone  |  |   |  |   |  |                                |  |                                |  |                        |  |
| Address (Street, Apt. No.)   |  |  |  | City  |  | State   |  | <b>FEB 6 2017</b>   |  |  |  |   |  |   |  |                                |  |                                |  |                        |  |
| Notified By (Name)   |  |  |  | Date  |  | Time  |  | Juvenile Disposition:<br>1. Handled/Processed within Dept. and Released<br>2. TOT HRS/DYS<br>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 561 355-2526) informed of any address change<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |  |  | School Attended   |  | Grade   |  |   |  |  |  |   |  |   |  |                                |  |                                |  |                        |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Description of Property                                  |  |   |  |   |  |   |  | Value of Property  |  |   |  |   |  |                                |  |                                |  |                        |  |
| Drug Activity<br>N. N/A<br>P. Possess  |  | S. Sell<br>B. Buy<br>T. Traffic                          |  | R. Smuggle<br>D. Deliver<br>E. Use  |  | K. Dispense/<br>Distribute  |  | M. Manufacture/<br>Produce/<br>Cultivate  |  | Z. Other   |  | Drug Type<br>N. N/A<br>A. Amphetamine   |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin |  | H. Hydrocodone<br>M. Marijuana |  | P. Paraphernalia/<br>Equipment |  | U. Unknown<br>Z. Other |  |
| Charge Description<br><b>AGG BATTERY</b>   |  |  |  | Counts<br><b>1</b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number<br><b>784.045(1)(a)1</b>   |  |  |  | Violation or ORD. #   |  |   |  |                                |  |                                |  |                        |  |
| Drug Activity  |  | Drug Type  |  | Amount/Unit   |  | Offense #<br><b>17-036263</b>   |  | Warrant/Capias Number   |  |  |  | Bond  |  |   |  |                                |  |                                |  |                        |  |
| Charge Description   |  |  |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number  |  |  |  | Violation or ORD. #   |  |   |  |                                |  |                                |  |                        |  |
| Drug Activity  |  | Drug Type  |  | Amount/Unit   |  | Offense #   |  | Warrant/Capias Number   |  |  |  | Bond  |  |   |  |                                |  |                                |  |                        |  |
| Charge Description   |  |  |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number  |  |  |  | Violation or ORD. #   |  |   |  |                                |  |                                |  |                        |  |
| Drug Activity  |  | Drug Type  |  | Amount/Unit   |  | Offense #   |  | Warrant/Capias Number   |  |  |  | Bond  |  |   |  |                                |  |                                |  |                        |  |
| Charge Description   |  |  |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> 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<br>Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>   |  |  |  |   |  |   |  |   |  |  |  |   |  |   |  |                                |  |                                |  |                        |  |
| 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 BE 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<br>Name<br><input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other   |  |  |  | Signature of Arresting Officer<br><b>JAMES WILLIAMS</b><br>ID # <b>6792</b> |  |   |  | Name Verification (Printed by Arrestee)<br>(PRINT)  |  |  |  |   |  |   |  |                                |  |                                |  |                        |  |
| Inmate ID # <b>D/S J. BENNETT #8349</b>  |  |  |  | Transporting Officer ID # <b>J WILLIAMS 6792</b>                            |  |   |  | Agency <b>PBSO</b>  |  |  |  | Page <b>1 of 1</b>  |  |   |  |                                |  |                                |  |                        |  |
| Witness here if subject signed with you  |  |  |  |   |  |   |  |   |  |  |  |   |  |   |  |                                |  |                                |  |                        |  |

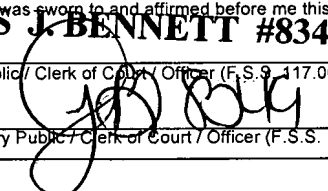
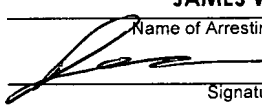
SCANNED  
FEB 07 2017

|   |  |  |  |                                   |                 |   |       |                                   |
|---|--|--|--|-----------------------------------|-----------------|---|-------|-----------------------------------|
| OBTS Number   |  | <b>PROBABLE CAUSE AFFIDAVIT</b>                          |  | 1. Arrest<br>2. N.T.A.            |                 | 3. Request For Warrant<br>4. Request For Capias |       | Juvenile <input type="checkbox"/> |
| Agency ORI Number<br><b>FLO 5 0 0 0 0 0</b>   |  | Agency Name<br><b>PALM BEACH COUNTY SHERRIF'S OFFICE</b> |  | Agency Report Number<br><b>06</b> |                 | <b>17-036263</b>                                |       |                                   |
| Charge Type:<br>Check as many as apply<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other   |  | Special Notes  |  |                                   |                 |   |       |                                   |
| Defendant Name (Last, First, Middle)<br><b>ZELENKO ELLIOTT ROBERT</b>   |  |  |  | Race<br><b>W</b>                  | Sex<br><b>M</b> | Date of Birth<br><b>11/10/82</b>                |       |                                   |
| Charge<br><b>AGG BATTERY</b>  |  |  |  | Charge                            |                 |   |       |                                   |
| Charge  |  |  |  | Charge                            |                 |   |       |                                   |
| Victim Name (Last, First, Middle)   |  |  |  | Race<br><b>W</b>                  | Sex<br><b>F</b> | Date of Birth<br><b>08/10/84</b>                |       |                                   |
| Business Address (Street, Apt. Number)  |  |  |  | City                              | State           | Zip   | Phone | Address Source                    |
|   |  |  |  |                                   |                 |   |       | Occupation                        |
| 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...<br><br><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.<br><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.<br><br>On the <u>5</u> day of <u>FEBRUARY</u> 20 <u>17</u> at <u>1:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM |  |  |  |                                   |                 |   |       |                                   |

Defendant Zelenko and victim [REDACTED] got into verbal argument because Zelenko's girlfriend called [REDACTED] trying to get into contact with Zelenko. [REDACTED] called the girlfriend a drug addict and started throwing clothes at Zelenko. Zelenko then threw [REDACTED] to the ground and began slamming her face on the ground, and stomped on [REDACTED] chest. [REDACTED] then slammed her to the ground with all his body weight.

On 02/05/17, at approximately 3:21 PM [REDACTED] went to Palms West Hospital and was treated Dr. Joseph L. Andris and diagnosed with fractures to the right L-3, L-4, L-5 ribs.

By the above facts, defendant Elliott Zelenko did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED], and in doing so intentionally or knowingly caused great bodily harm, permanent disability, or permanent disfigurement to [REDACTED], contrary to Florida Statute 784.045(1)(a)1.

|  |  |
|--|--|
| The foregoing instrument was sworn to and affirmed before me this <u>6</u> day of <u>February</u> 20 <u>17</u> , by: |  |
| <b>D/S J. BENNETT #8349</b>  | <b>JAMES WILLIAMS 6792</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   |

Page 1 of 1  
**SCANNED**  
**FEB 07 2017**

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause Affidavit)

Defendant: ZELENKO ELLIOTT ROBERT DOB: 11/10/82 Case #: 17-036263  
Victim: [REDACTED] DOB: 08/10/84 Race: W Sex: F

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene ☒ Yes ☒ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☐ No

911 Call: ☐ Yes ☒ No Caller: \_\_\_\_\_

Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_

Witness: ☐ Yes ☒ No Name: \_\_\_\_\_

Victim Pregnant: ☐ Yes ☒ No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries: ☒ Yes ☐ No Description: broken L-3 L-4 L-5 RIBS

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: \_\_\_\_\_

At Hospital: ☒ Yes ☐ No Hospital: PALMS WEST Physician: JOESPH ANDRIS

Are children living in the home? ☐ Yes ☒ No DCF Notified? ☒ Yes ☐ No

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Injunction: ☐ Yes ☒ No Case #: \_\_\_\_\_

No Contact Order: ☐ Yes ☒ No Case #: \_\_\_\_\_

Alcohol or Drugs: ☒ Yes ☐ No ☐ Unknown

Prior history of Domestic/Dating Violence ☐ Yes ☒ No

Defendant's statements ☐ Yes ☐ No If yes, ☐ written ☐ recorded ☒ oral

First words Defendant said when you responded to scene: \_\_\_\_\_

Victim's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☒ oral

First words Victim said when you responded to scene: SEE STATEMENT

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

☐ Yes ☒ No If yes, name: \_\_\_\_\_ phone: \_\_\_\_\_

Observations of Victim (Physical & Emotional): \_\_\_\_\_

☒ Upset ☒ Crying ☒ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

☒ Complained of pain ☐ Other \_\_\_\_\_

Victim contact information:

Local Address: [REDACTED]

Phone: [REDACTED] Home: [REDACTED]

Employer: [REDACTED]

Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

## 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 #: 17-036263 Agency: Palm Beach County Sheriff's Office  
Offense: AGG BATTERY  
Suspect/Offender: ZELENKO ELLIOTT ROBERT  
DOB: 11/10/82 Race: W Sex: M

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

3.a. Victim's Name: \_\_\_\_\_ DOB: 08/10/84 Race: W Sex: F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #: \_\_\_\_\_

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: JAMES WILLIAMS ID #: 6792 Date: Feb 6, 2017

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SCANNED  
FEB 07 2017

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☐ WITNESS ☒ VICTIM ☐ OTHER



|                         |                     |                                  |  |
|-------------------------|---------------------|----------------------------------|--|
| CASE #: 17-036263       | ZONE: 3-12          | SUSPECT: Zelenko, Robert 11-10-8 | DATE & TIME OF ORIGINAL EVENT/OFFENSE: |
| EVENT TYPE: AGG BATT-24 | DEPUTY: J. Williams | ID#: 6792                        |  |

## COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

|                       |         |        |
|-----------------------|---------|--------|
| MIDDLE INITIAL: Z. H. | RACE: W | SEX: F |
|-----------------------|---------|--------|

|  |  |
|--|--|
| DATE OF BIRTH: 08/10/1984 (MM/DD/YYYY) |  |
|--|--|

## WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

|   |  |
|---|--|
| I | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER... |
|---|--|

~~THE~~ I started to argue with [REDACTED] about his girlfriend texting me and calling me when she could not get a hold of him. I told him with his girlfriend being an addict she is not to be around [REDACTED]. We continued to argue he pushed me when I was standing at the bathroom door. I started throwing things (his clothes) etc. he slammed my face onto the ground, and step on my chest. I got back up still arguing and we continued to argue and throw things, then he threw me on the floor and put all his weight onto the right side of my ribs while I was facing the ground and hold him I can't breathe and felt my ribs breaking. he left me after that.

## READ AND SIGN

|   |   |
|---|---|
| I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE C [REDACTED] | DEPUTY SHERIFF <input checked="" type="checkbox"/> NOTARY PUBLIC <input type="checkbox"/> FSS: 117.10 |
| YOUR SIGNATURE: [REDACTED]  | SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  |
|   | DATE: 2-6-17 TIME: 1415   |
|   | SIGNATURE: [REDACTED] ID: 6792  |

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM NOW FORGIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT MY CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

SCANNED  
FEB 07 2017