

0463906

1582

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| OBTs Number | | Agency ORI Number FLO 5 0 0 0 0 0 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 0 6 1 18 05 4 177 () () | |
| Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | <input 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 | |
| Location of Arrest (including Name of Business) JAMES AS OFFENSE BOCA RATON FL 33488 | | Date of Arrest 03 29 18 | | Time of Arrest 21 54 | | Booking Date 3-29-18 | |
| Name (Last, First, Middle) SCHILLER FRANSILLYAN | | Sex F | | Date of Birth 09 08 79 | | Height 5103 | |
| Race W - White B - Black | | I - American Indian O - Oriental/Asian | | Weight 128 | | Eye Color BRN | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RIGHT LEG "TRIBAL" | | Marital Status SINGLE | | Religion CHRISTIAN | | Indication of: Alcohol Influence Drug Influence | |
| Local Address (Street, Apt. Number) 19640 BISCAYNE BAY DRIVE BOCA RATON FL 33488 | | City BOCA RATON | | State FL | | Zip 33488 | |
| Permanent Address (Street, Apt. Number) SAME AS ABOVE | | City N/A | | State N/A | | Zip N/A | |
| Business Address (Name, Street) N/A | | City N/A | | State N/A | | Zip N/A | |
| D/L Number, State 5460-257-R-0280 | | Social Security Number [REDACTED] | | INS Number | | Place of Birth (City/State) CALI, COLUMBIA | |
| Co-Defendant (Last, First, Middle) | | Race | | Sex | | Date of Birth | |
| Co-Defendant (Last, First, Middle) | | Race | | Sex | | Date of Birth | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: | | Name (Last) (First) (Middle) | | Residence Phone () () | | Business Phone () () | |
| Address (Street, Apt. Number) | | City | | State | | Zip | |
| Notified by: (Name) | | Relationship | | Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated | | Date NO BOND | |
| Released To: (Name) | | Relationship | | School Attended | | Grade | |
| 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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason) | | Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | Value of Property | |
| Drug Activity N. 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 | | B. Barbiturate C. Cocaine E. Heroin | |
| H. Hallucinogen M. Marijuana O. Opium/Deriv. | | P. Paraphernalia/ Equipment S. Synthetic | | U. Unknown Z. Other | | Statute Violation Number 784103 (IAV) | |
| Charge Description BATTERY (DOMESTIC) | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Violation of ORD # 0 | |
| Drug Activity N N | | Drug Type 0 | | Amount / Unit 0 | | Offense # 18-056197 | |
| Warrant / Capias Number N/A | | Bond N/A | | Statute Violation Number | | Violation of ORD # | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Capias Number | | Bond | | Statute Violation Number | | Violation of ORD # | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Capias Number | | Bond | | Statute Violation Number | | Violation of ORD # | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Capias Number | | Bond | | Statute Violation Number | | Violation of ORD # | |
| Location (Court, Room Number, Address) | | Court Date and Time Month Day Year Time A.M. P.M. | | I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I FULLY 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 MAY BE ISSUED. | | Signature of Defendant (or Juvenile and Parent/Custodian) [Signature] | |
| Date Signed | | Signature of Arresting Officer [Signature] | | Name Verification (Printed by Arrestee) GARY FLOWERS 6988 | | Date Signed MAR 30 AM 1:24 | |
| HOLD for other agency | | Name of Arresting Officer (Print) GARY FLOWERS 6988 | | I.D. # 6988 | | PAGE 1 OF 1 | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | Transporting Officer G. FLOWERS 6988 | | I.D. # 6988 | |
| Intake Deputy ADMA 2930 | | I.D. # 2930 | | Pouch # | | Witness here if subject signed with an "X" | |

VICTIM NOTIFICATION
REQUIRED

NO BOND

MAR 30 AM 1:24
PALM BEACH COUNTY
SUN CLUB BR

OBTS Number _____ PROBABLE CAUSE AFFIDAVIT 1 Arrest 3 Request for Warrant 1 1
 2 N.T.A. 4 Request for Capias

ADMIN Agency ORI Number _____ Agency Name _____ Agency Report Number _____
 FLO 5 0 0 0 0 0 PALM BEACH COUNTY SHERIFF'S OFFICE 0 6 1 8 0 5 6 1 9 7 1

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other _____

Special Notes: _____

DEF. Name (Last, First, Middle) SCHILLER FRANSULLY Alias _____ Race W Sex F Date of Birth 09.08.79

CHARGES Charge Description DOMESTIC BATTERY Charge Description _____

Charge Description _____ Charge Description _____

VICTIM Victim's Name (Last, First, Middle) PELLACH ARNOLD J. Race W Sex M Date of Birth 03.03.68

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source
 19640 BISLAYNE BAY DR BOCA RATON FL 33498 (561) 305-6971 VERBAL

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation
 () () SELF EMPLOYED

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 ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 29TH day of MARCH 20 at 1017 A.M. P.M. (Specifically include facts constituting cause for arrest.)

ON ABOVE DATE AND TIME I RESPONDED TO 19640 BISLAYNE BAY DRIVE BOCA RATON FLORIDA 33498 FOR A DOMESTIC DISTURBANCE.

UPON ARRIVAL I MET AND SPOKE WITH ARNOLD PELLACH (3-3-68) WHO ADVISED THAT HIS GIRLFRIEND, FRANSULLY SCHILLER (2-8-79), GOT INTO A VERBAL ALTERCATION OVER AN ABORTION THAT HAPPENED ABOUT (3) WEEKS PRIOR IT TURNED PHYSICAL WHEN THEY WERE VERBALLY FIGHTING WHEN SCHILLER PUSHED HIM BACKWARD W/ BOTH HANDS. IT SHOULD BE NOTED THAT PELLACH HAD NO PHYSICAL SIGNS OF INJURY. ~~IT SHOULD BE NOTED THAT THEY ARE BOYFRIEND + GIRLFRIEND LIVING TOGETHER FOR 4 YEARS.~~

I THEN SPOKE W/ SCHILLER WHO SAID WHILE THEY WERE IN THE VERBAL ARGUMENT WITH PELLACH HE TOLD HER TO CALL THE POLICE OR HE WAS GOING TO HURT HER. SHE THEN PUSHED HIM WITH BOTH HANDS TO MAKE ROOM BETWEEN HER AND HIM.

SCHILLER WAS PLACED UNDER ARREST FOR DOMESTIC BATTERY HANDCUFFED DOUBLE LOCKED AND CHECKED FOR PROPER FIT AND TURNED OVER TO THE COUNTY JAIL.

STATE OF FLORIDA
 COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29TH day of MARCH 20 18 by D/S GARY FLOWERS

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

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

Suspect: FRANSULLY SCHILLER DOB: 09/10/1979 Case #: 18-056197

Victim: ARNOLD J. PELLACH DOB: 03/03/68 Race: W Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: FRANSULLY SCHILLER

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: _____

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in 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: ADVISED PELLACH TOLD HER TO CALL 911 OR HE WAS GOING TO HURT HER. SCHILLER PUSHED

Victim's Statements Yes No If yes, written recorded oral Him AWAY

First words Victim said when you responded to scene: SCHILLER HAD PUSHED HIM DURING A VERBAL FIGHT.

Did the Victim contact anyone other than 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: 19640 BISCAYNE BAY DRIVE BOCA RATON FL 33498

Phone: Home () - _____ Work () - _____ Cell (561) 305-6191

Employer: SELF EMPLOYED

Name of Relative: NONE WAS GIVEN Phone () - _____

Address: _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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 - 656197 Agency: PBSU
Offense: DOMESTIC BATTERY
Suspect/Offender: FRANSULLY SCHILLER
D.O.B. 3-29-18 Race: HISPANIC Sex: FEMALE
2. Warrant #(s): _____
- 3.a. Victim's name: ARNOLD J. PELLALI D.O.B. 3-3-68 Race: W Sex: M
Address: 17640 BISCAYNE BOY DRIVE
City: BOCA RATON State: FL Zip: 33498
Home #: _____ Work #: _____ Other: 561-305-621
- b. Victim's next of kin, friend or neighbor: NONE GIVEN
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: GARY W. FLOWERS I.D.# 6988 Date: 3/29/18

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/99

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____