

0387027

1624

OBTS Number		ARREST / NOTICE TO APPEAR					1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile						
ADMINISTRATIVE	Agency ORI Number		Agency Name			Juvenile Referral Report		Agency Report Number (N.T.A.'s only)		1		N					
	FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE					06- 16-168303									
ChargeType: Check as many as apply:		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type		Multiple Clearance Indicator		01					
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)															
Date of Arrest 12/22/2016		Time of Arrest 22:28		Booking Date 12/23/2016		Booking Time		Jail Date		Jail Time		Location of Vehicle					
Name (Last, First, Middle) <b>Valicenti, Georgia, Ann</b>																	
Alias (Name, DOB, Soc. Sec. #, Etc.)																	
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 03/14/1963		Height 5'02		Weight 130		Eye Color brown		Hair Color brown		Complexion light			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>none</b>																	
Marital Status Divorced		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence													
Local Address (Street, Apt. Number) <b>18600 Ocean Mist Dr, Boca Raton, FL 33498</b>		(City)		(State)		(Zip)		Phone (561) 306 2938		Residence Type: 1. City 2. County		3. Florida 4. Out of State		2			
Permanent Address (Street, Apt. Number) ,		(City)		(State)		(Zip)		Phone ( )		Address Source DL							
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ( )		Occupation <b>Real Estate Agent</b>							
D/L Number, State <b>V425281635940, FL</b>		Soc. Sec. Number [REDACTED]		INS Number				Place of Birth (City, State) <b>New York, NY</b>		Citizenship US							
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) <b>(11 N. Bond)</b>		(City)		(State)		(Zip)		Business Phone ( )									
Notified by: (Name)		Date		Time		Juvenile Disposition		2. TOT HRS / DYS		1. Handled/processed within Dept. and Released.		3. Incarcerated					
Released To: (Name)		Relationship								Date		Time					
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)																	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Attended												Grade			
Description of Property		Value of Property															
Drug Activity S. Sell N. A/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		M. Manufacture/ P. Produce/ C. Cultivate		Z. Other		Drug Type B. Barbiturate N. N/A A. Amphetamine		H. Hallucinogen M. Marijuana E. Heroin		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description <b>Simple Battery (Domestic)</b>				Counts 1		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 N		Drug Type N		Amount / Unit		Offense # <b>16-168303</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			
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) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>																	
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 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																	
12/22/2016																	
Signature of Defendant (or Juvenile and Parent /Custodian)																	
Date Signed																	
HOLD for other Agency		Signature of Arresting Officer		X		Name Verification (Printed by Arrestee)		DEC 23 AM 1:02									
Name:						(PRINT)											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print)		I.D. #											
Intake Deputy <b>CP1 Holden</b>		ID # <b>720</b>		D/S POINTU P.		16032											
Pouch #				Transporting Officer		ID #		Agency									
				D/S POINTU P.		16032		PBSO									
SCANNED																	
Witness hereafte is subject signed with an "X"																	
1 OF																	

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request for Warrant	2. N.T.A.	4. Request for Capias	1	Juvenile	N
DEF	Agency ORI Number		Agency Name			Agency Report Number						
	FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE			06- 16-168303						
CHARGES	Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <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			
VICTIM	Simple Battery (Domestic)		784.03(1)(a)(1)		Charge Description							
	Charge Description				Charge Description							
STATEMENT							Race	Sex	Date of Birth			
							W	M	10/20/1958			
							Address Source					
ADMINISTRATIVE							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"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was observed by victim who told me that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.											
On the 22nd day of December 2016 at 21:51 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)												
<p>I responded to [REDACTED], Palm Beach County, Florida for a domestic battery. Georgia Valicenti called 911 to report that [REDACTED] pushed her on the floor.</p> <p>Upon arrival, I met with Georgia Valicenti who was in front of the house and told me that [REDACTED] pushed her on the ground. A strong odor of an unknown alcohol was coming from her person and became stronger when she talked. Valicenti appeared to have trouble focusing on the questions and tasks I asked her. She denied needing EMS. I observed on Valicenti left shoulder some redness. Valicenti gave inconsistent statement regarding the events.</p> <p>I then made contact with [REDACTED]. He opened the door and said "thanks God you are here". [REDACTED] had multiple bleeding lacerations marks on his face and arms. [REDACTED] told me and wrote in a sworn statement that [REDACTED] Valicenti went for a dinner with one of her girlfriends tonight and came back intoxicated. [REDACTED] complained that she promised that she would not be drinking and was upset because she had prior alcohol abuse history. Valicenti then started throwing the TV remote control to the floor. [REDACTED] asked her to stop destroying his property and ask her to stay away from him. Valicenti then came to him and started scratching his face with her nails. [REDACTED] pushed her away and she fell.</p> <p>I read Valicenti her Miranda warning from a PBSO issued card. Valicenti acknowledged after each paragraph that she understood. With these rights in mind she denied scratching [REDACTED] face, denied having any alcohol then after confronting her with the smell of alcohol she then changed her story again saying that she only had one drink. Valicenti repeated that [REDACTED] pushed her to the ground but could not recall how the events started.</p> <p>Based on my investigation, I have probable cause that Georgia Valicenti did actually and intentionally touch or strike [REDACTED] against his will, contrary to Florida Statute 784.03(1).</p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D/S POINTU P.</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of December 2016 by D/S POINTU P.</p> <p>(Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced known)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>SCANNED DEC 23 2016</p> <p>PAGE 1 OF 1</p>												

## VICTIM /WITNESS INFORMATION

<input checked="" type="checkbox"/> VICTIM						W	M	10/20/1958
	Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)		
<input type="checkbox"/> WITNESS								
<input type="checkbox"/> OWNER						ADDRESS SOURCE		
Synopsis of Testimony	Business (Name & Address)	(City)	(State)	(zip)	(Phone)	<input type="checkbox"/> Verbal		
						<input checked="" type="checkbox"/> Driver's License		
						<input type="checkbox"/> Voter's ID		
						<input type="checkbox"/> Other <u>DL</u>		

<input type="checkbox"/> VICTIM	Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)
<input type="checkbox"/> WITNESS	0					
<input type="checkbox"/> OWNER	Home Address (Street , Apt. Number)	(City)	(State)	(zip)	(Phone)	ADDRESS SOURCE
Synopsis of Testimony	Business (Name & Address)	(City)	(state)	(zip)	(Phone)	<input type="checkbox"/> Verbal
						<input type="checkbox"/> Driver's License
						<input type="checkbox"/> Voter's ID
						<input type="checkbox"/> Other _____

<input type="checkbox"/> VICTIM	Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)
<input type="checkbox"/> WITNESS	0					
<input type="checkbox"/> OWNER	Home Address (Street , Apt. Number)	(City)	(state)	(zip)	(Phone)	ADDRESS SOURCE
Synopsis of Testimony	Business (Name & Address)	(City)	(State)	(zip)	(Phone)	<input type="checkbox"/> Verbal
						<input type="checkbox"/> Driver's License
						<input type="checkbox"/> Voter's ID
						<input type="checkbox"/> Other _____

<input type="checkbox"/> VICTIM	Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)
<input type="checkbox"/> WITNESS	0					
<input type="checkbox"/> OWNER	Home Address (street , Apt. Number)	(city)	(state)	(Zip)	(phone)	ADDRESS SOURCE
Synopsis of Testimony	Business (Name & Address)	(City)	(State)	(zip)	(Phone)	<input type="checkbox"/> Verbal
						<input type="checkbox"/> Driver's License
						<input type="checkbox"/> Voter's ID
						<input type="checkbox"/> Other _____

synopsis of Testimony

SCANNED  
DEC 23 2016

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

Suspect: Valicenti, Georgia, Ann DOB: 03/14/1963 Case #: 16-168303

Victim: ██ DOB: 10/20/1958 Race: W Sex: M

Relationship between Victim and Defendant: ██

Photographs: Scene Yes  No Victim  Yes  No Defendant  Yes  No  
911 Call:  Yes  No Caller: Valicenti, Georgia, Ann  
Weapon Used: Yes  No Type: ██  
Witness: Yes  No Name: ██  
Victim Pregnant: Yes  No If yes,        weeks        months  
Injuries: Yes  No Description: laceration on the face  
Medical Treatment: Yes  No  
At Scene: Yes  No Paramedics: Palm Beach County Fire Rescue Engine 54  
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: ██ pushed her to the ground

Victim's Statements  Yes  No If yes,  written  recorded  oral  
First words Victim said when you responded to scene: Thanks God you are here

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): calm, bleeding laceration on his face.

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous  
Complained of pain  Other ██

Victim Contact Information:

Local Address: ██

Phone: ██

Employer: ██

Name of Relative: ██ Phone (        )        -       

Address: ██

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: **Valicenti, Georgia, Ann**  
(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#.

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 #: **16-168303** Agency: **Palm Beach County Sheriff's Office**  
Offense: **Simple Battery (Domestic)**  
Suspect/Offender: **Valicenti, Georgia, Ann**  
D.O.B. **03/14/1963** Race: **W** Sex: **F**

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

3.a. Victim's name: \_\_\_\_\_ D.O.B. **10/20/1958** Race: **W** Sex: **M**  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #: **0** Work #: **0** 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: \_\_\_\_\_

**SCANNED**

**DEC 23 2016**

**12/22/2016**

Deputy's Name: **D/S POINTU P.**

I.D.# **16032**

Date: **12/22/2016**

White/Corrections or State Attorney (Warrant Application)

Yellow/Warrants Section

Pink/Central Records

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 #:	16-168303	ZONE:	7-51	SUSPECT:	VIALI CONTR	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	12/22/16 22:00
EVENT TYPE:	Domestic Battery			DEPUTY	POTWV	ID#:	16032

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

DATE OF BIRTH:	(MM/DD/YYYY)	YOUR HEIGHT:	6'0"	YOUR WEIGHT:	215 lbs	YOUR HAIR COLOR:	White	RACE: W	SEX: M
YOUR HOME ADDRESS:									

WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: <input type="checkbox"/> CHECK IF NONE
( )	( )	( )	

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

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

Georgia came home from a date with girlfriend intoxicated from wine. She became belligerent and began to slam doors and throw property (remote control of TV) on the floor. She walked into courtyard to get her sons dog and I didn't want the contents of my home damaged so I insisted that she wait for officers to arrive. She refused to stay away from me and began scratching my face and pushing me. I attempted to defend myself only and did not initiate physical contact.

SCANNED  
DEC 23 2016

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE.

YOUR SIGNATURE

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
DATE: 12/22/16 TIME: 22:45  
SIGNATURE: ✓ ID: 16032

IF YOU DO NOT WISH TO THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER 18. I FURTHER RELEASE 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 AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

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

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