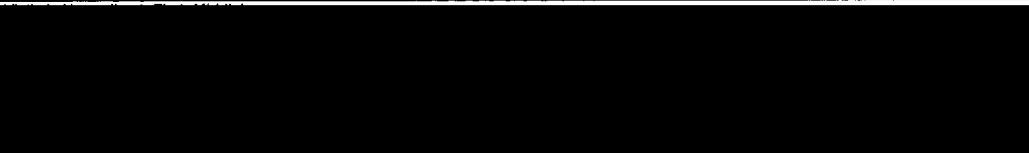

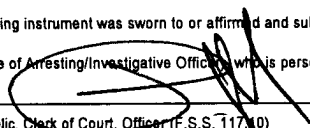


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ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
OBT Number					
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-16-168303</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 <b>2</b> 1. Yes 2. No	
Location of Arrest (Including Name of Business)		Multiple Clearance Indicator <b>01</b>			
Date of Arrest <b>12/22/2016</b>		Time of Arrest <b>22:28</b>		Booking Date <b>12/23/2016</b>	
Booking Time		Jail Date		Jail Time	
Location of Offense (Business Name, Address)		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 <b>F</b>		Date of Birth <b>03/14/1963</b>	
Height <b>5'02</b>		Weight <b>130</b>		Eye Color <b>brown</b>	
Hair Color <b>brown</b>		Complexion <b>light</b>		Build <b>small</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>none</b>		Marital Status <b>Divorced</b>		Religion <b>CATHOLIC</b>	
Local Address (Street, Apt. Number) <b>18600 Ocean Mist Dr, Boca Raton, FL 33498</b>		City <b>Boca Raton</b>		State <b>FL</b>	
Phone <b>(561) 306 2938</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		<b>2</b>	
Permanent Address (Street, Apt. Number)		City		State	
Business Address (Name, Street)		City		State	
D/L Number, State <b>V425281635940, FL</b>		Soc. Sec. Number		INS Number	
Place of Birth (City, State) <b>New York, NY</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	
Business Phone					
Notified by: (Name)		Date		Time	
Released To: (Name)		Relationship		Date	
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 type="checkbox"/> No		Description of Property		Value of Property	
Drug Activity S. Sell N. N/A P. Possess		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. Synthetics	
U. Unknown Z. Other					
Charge Description <b>Simple Battery (Domestic)</b>		Counts <b>1</b>		Domestic Violence <input checked="" 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>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					
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 <b>12</b> Day <b>22</b> Year <b>2016</b> Time <b>AM</b> <b>5:30</b> 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					
12/22/2016					
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) <b>DEC 23 AM 1:02</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		(PRINT)	
Name of Arresting Officer (Print) <b>D/S POINTU P.</b>		I.D. # <b>16032</b>		PAGE <b>1</b> OF <b>1</b>	
Transporting Officer <b>D/S POINTU P.</b>		ID # <b>16032</b>		Agency <b>PBSO</b>	
Without hearing subject signed with an "X"					
SCANNED					
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)					

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
ADMIN	OBTS Number			Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 16-168303</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		Special Notes:		
DEF	Name (Last, First, Middle) <b>Valicenti, Georgia, Ann</b>				Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/14/1963</b>		
CHARGES	Charge Description <b>Simple Battery (Domestic)</b>		<b>784.03(1)(a)(1)</b>		Charge Description						
	Charge Description				Charge Description						
VICTIM					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/20/1958</b>				
					Address Source						
					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. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by <b>victim</b> who told <b>me</b> <input type="checkbox"/> confessed to _____ 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.</p> <p>On the <b>22nd</b> day of <b>December</b> 20 <b>16</b> at <b>21:51</b> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p><b>I responded to _____, Palm Beach County, Florida for a domestic battery. Georgia Valicenti called 911 to report that _____ pushed her on the floor.</b></p> <p><b>Upon arrival, I met with Georgia Valicenti who was in front of the house and told me that _____ 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 tasked I asked her. She denied needing EMS. I observed on Valicenti left shoulder some redness. Valicenti gave inconsistent statement regarding the events.</b></p> <p><b>I then made contact with _____. He opened the door and said "thanks God you are here". _____ had multiple bleeding lacerations marks on his face and arms. _____ told me and wrote in a sworn statement that _____</b> <b>_____ Valicenti went for a diner with one of her girlfriend tonight and came back intoxicated. _____ complained that she promised that she would not be drinking and was upset because she had prior alcohol abuse history. Valicenti then start throwing the TV remote control to the floor. _____ 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. _____ pushed her away and she fell.</b></p> <p><b>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 _____ 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 _____ pushed her to the ground but could not recall how the events started.</b></p> <p><b>Based on my investigation, I have probable cause that Georgia Valicenti did actually and intentionally touch or strike _____ against his will, contrary to Florida Statute 784.03(1).</b></p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH  <b>D/S POINTU P.</b> (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>22nd</b> day of <b>December</b> 20 <b>16</b> by <b>D/S POINTU P.</b> (Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced <b>known</b>)  <b>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</b></p> <p><b>SCANNED</b> <b>DEC 23 2016</b></p> <p>PAGE <b>1</b> OF <b>1</b></p>											

## VICTIM / WITNESS INFORMATION

<input checked="" type="checkbox"/> VICTIM	<div style="background-color: black; width: 100%; height: 1.2em;"></div>					W	M	10/20/1958
	Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)		
<input type="checkbox"/> WITNESS	<div style="background-color: black; width: 100%; height: 1.2em;"></div>							
<input type="checkbox"/> OWNER	<div style="background-color: black; width: 100%; height: 1.2em;"></div>							
Synopsis of Testimony	Business (Name & Address)	(City)	(State)	(zip)	(Phone)	ADDRESS SOURCE		
						<input type="checkbox"/> Verbal		
						<input checked="" type="checkbox"/> Driver's License		
						<input type="checkbox"/> Voter's ID		
						<input type="checkbox"/> Other DL		

<input type="checkbox"/> VICTIM	<div style="background-color: black; width: 100%; height: 1.2em;"></div>							
	Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)		
<input type="checkbox"/> WITNESS	<div style="background-color: black; width: 100%; height: 1.2em;"></div>							
<input type="checkbox"/> OWNER	<div style="background-color: black; width: 100%; height: 1.2em;"></div>							
Synopsis of Testimony	Home Address (Street , Apt. Number)	(City)	(State)	(zip)	(Phone)	ADDRESS SOURCE		
						<input type="checkbox"/> Verbal		
						<input type="checkbox"/> Driver's License		
						<input type="checkbox"/> Voter's ID		
						<input type="checkbox"/> Other		

<input type="checkbox"/> VICTIM	<div style="background-color: black; width: 100%; height: 1.2em;"></div>							
	Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)		
<input type="checkbox"/> WITNESS	<div style="background-color: black; width: 100%; height: 1.2em;"></div>							
<input type="checkbox"/> OWNER	<div style="background-color: black; width: 100%; height: 1.2em;"></div>							
Synopsis of Testimony	Home Address (Street , Apt. Number)	(City)	(state)	(zip)	(Phone)	ADDRESS SOURCE		
						<input type="checkbox"/> Verbal		
						<input type="checkbox"/> Driver's License		
						<input type="checkbox"/> Voter's ID		
						<input type="checkbox"/> Other		

<input type="checkbox"/> VICTIM	<div style="background-color: black; width: 100%; height: 1.2em;"></div>							
	Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)		
<input type="checkbox"/> WITNESS	<div style="background-color: black; width: 100%; height: 1.2em;"></div>							
<input type="checkbox"/> OWNER	<div style="background-color: black; width: 100%; height: 1.2em;"></div>							
Synopsis of Testimony	Home Address (street, Apt. Number)	(city)	(state)	(Zip)	(phone)	ADDRESS SOURCE		
						<input type="checkbox"/> Verbal		
						<input type="checkbox"/> Driver's License		
						<input type="checkbox"/> Voter's ID		
						<input type="checkbox"/> Other		

synopsis of Testimony

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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: [REDACTED] DOB: 10/20/1958 Race: W Sex: M

Relationship between Victim and Defendant: [REDACTED]

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

911 Call: ☒ Yes ☐ No ☐ Caller: Valicenti, Georgia, Ann

Weapon Used: ☐ Yes ☒ No ☐ Type: [REDACTED]

Witness: ☐ Yes ☒ No ☐ Name: [REDACTED]

Victim Pregnant: ☐ Yes ☒ No ☐ If yes, [REDACTED] weeks [REDACTED] 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: [REDACTED] Physician: [REDACTED]

Are Children Living in Home? ☐ Yes ☒ No ☐ DCF Notified? ☐ Yes ☒ No ☐

Name: [REDACTED] DOB: [REDACTED]

Name: [REDACTED] DOB: [REDACTED]

Name: [REDACTED] DOB: [REDACTED]

Injunction ☐ Yes ☒ No ☐ Case #: [REDACTED]

No Contact Order ☐ Yes ☒ No ☐ Case #: [REDACTED]

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: [REDACTED] 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: [REDACTED] phone ( ) -

Observations of Victim (Physical & Emotional): calm, bleeding laceration on his face.

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

Complained of pain ☐ Other [REDACTED]

Victim Contact Information:

Local Address: [REDACTED]

Phone: [REDACTED]

Employer: [REDACTED]

Name of Relative: [REDACTED] Phone ( ) -

Address: [REDACTED]

# 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.**

SUSPECT/OFFENDER:

**Valicenti, Georgia, Ann**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

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: [REDACTED] D.O.B. 10/20/1958 Race: W Sex: M  
Address: [REDACTED]  
City: [REDACTED]  
Home: [REDACTED]

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: [REDACTED]

Deputy's Name: D/S POINTU P.

I.D.# 16032

SCANNED  
DEC 23 2016  
Date: 12/22/2016

☐ WITNESS   ☒ VICTIM   ☐ OTHER

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

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

SCANNED  
DEC 23 2016

PAGE 1 OF 1

IF YOU DO NOT WISH TO [REDACTED] THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER [REDACTED] I DO NOT WANT TO PARTICIPATE 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.

☐ DO NOT WISH TO PROSECUTE (INITIAL) \_\_\_\_\_

PBSO #0134 REV. 12/11