

0710414

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile

OBTS 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>06-18092395</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 2. 1. Yes 2. No		Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) <b>22393 SWORDFISH DR #, BOCA RATON FL 33428</b>			Location of Offense (Business Name, Address) <b>22393 SWORDFISH DR #, BOCA RATON FL 33428</b>			
Date of Arrest <b>07/01/2018</b>	Time of Arrest <b>2227</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>N/A</b>

Name (Last, First, Middle) <b>Godoy, Haidy</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>04/16/1980</b>	Height <b>5'01</b>	Weight <b>120</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>MEDIUM</b>	Build <b>MEDIUM</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>BACK RIGHT SHOULDER FLOWERS WITH DAUGHTERS NAMES</b>				Marital Status <b>Married</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>22393 Swordfish Dr, Boca Raton, FL 33428</b>			Phone <b>(561) 609-8847</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source <b>FL DL</b>			
Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation <b>UNEMPLOYED</b>			
D/L Number, State <b>G300320806360, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>LIMA, PERU</b>		Citizenship <b>U.S</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
Parent Legal Custodian Other:			Residence Phone		
Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone		

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 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 355-2528) 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 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. Synthetics	U. Unknown Z. Other
Charge Description <b>BATTERY</b>		Counts <b>1</b>	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 <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>18092395</b>	Warrant / Capias Number		Bond <b>No Bond</b>				
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 <b>07/01/2018</b>					
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 WILL 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 SHALL BE ISSUED					
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed	

HOLD for other Agency Name:		Signature of Arresting Officer <b>21277</b>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>M. RUSSO</b>		(PRINT)	
Make Deputy <b>DS 7622</b>	I.D. # <b>7622</b>	Pouch #	Transporting Officer <b>M. RUSSO</b>	ID # <b>21277</b>	Agency <b>PBSO</b>
Witness here if subject signed with an "X"				PAGE <b>1 OF 1</b>	

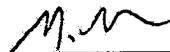
DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	Juvenile /
<b>OBTS Number</b>					
<b>Agency ORI Number</b>	<b>Agency Name</b>	<b>Agency Report Number</b>			
<b>FLO 500000</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	<b>06- 18092395</b>			
<b>Charge Type:</b> Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>	
		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		<b>Special Notes:</b>	
<b>Name (Last, First, Middle)</b>	<b>Alias</b>	<b>Race</b>	<b>Sex</b>	<b>Date of Birth</b>	
<b>Godoy, Haidy.</b>		<b>H</b>	<b>F</b>	<b>04/16/1980</b>	
<b>Charge Description</b>		<b>Charge Description</b>			
<b>BATTERY</b>		<b>784.03(1)(a)(1)</b>			
<b>Charge Description</b>		<b>Charge Description</b>			
<b>Victim's Name (Last, First, Middle)</b>		<b>Race</b>	<b>Sex</b>	<b>Date of Birth</b>	
<b>Godoy, Sebastian, Enrique</b>		<b>H</b>	<b>M</b>	<b>08/07/1986</b>	
<b>Local Address (Street, Apt. Number)</b>		<b>City</b>	<b>(State)</b>	<b>(zip)</b>	<b>Phone</b>
<b>22393 Swordfish Dr, Boca Raton, FL 33428</b>					<b>(561) 609-8861</b>
<b>Business Address (Name, Street)</b>		<b>City</b>	<b>(State)</b>	<b>(zip)</b>	<b>Phone</b>
					<b>( )</b>
				<b>Address Source</b>	
				<b>FL DL</b>	
				<b>Occupation</b>	
				<b>AUTOBODY</b>	
<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 type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>1</u> day of <u>JULY</u> 20<u>18</u> at <u>2150</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>During a heated argument Arrestee (Haidy Godoy) grabbed victim (Sebastian Godoy) as victim was attempting to leave the residence at which time a slight struggle ensued. During the struggle Arrestee bit victim on the left forearm. Victim sustained a small red mark on his left forearm however refused to be photographed.</b></p> <p><b>Victim and Arrestee have been married for seven years and currently reside together.</b></p>					
NOT A CERTIFIED COPY					
STATE OF FLORIDA COUNTY OF PALM BEACH   <b>M. RUSSO</b> (Signature of Arresting/Investigative Officer)					
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>1</u> day of <u>JULY</u> 20 <u>18</u> by <u>M. RUSSO</u> (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>					
<b>J. ENGERS</b> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)					
					PAGE <u>1</u> OF <u>1</u>

# VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- **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:

**Godoy, Haidy,**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

1. Incident Report #: 18092395 Agency: PBSO  
 Offense: BATTERY  
 Suspect/Offender: Godoy, Haidy,  
 D.O.B. 04/16/1980 Race: H Sex: F

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

3.a. Victim's name: Godoy, Sebastian, Enrique D.O.B. 08/07/1986 Race: H Sex: M  
 Address: 22393 Swordfish Dr  
 City: Boca Raton, FL 33428  
 Home #- (561) 609-8861 Work #: 0 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 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: Godoy, Sebastian, Enrique

Deputy's Name: M. RUSSO I.D.# 21277 Date: 07/01/2018

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018021877	Date: 07/02/2018
	Specialist Name/ID: howardt/7185