

035601600

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number		Agency Name		Agency Report Number (N.T.A.'s only)			
0500800		West Palm Beach Police Department		9 4 2016-0016332			
Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Misdemeanor <input type="checkbox"/> 3. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Other		If Weapon: Seized		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)				Location of Offense (Business Name/Address)			
1120 OAK STREET				1120 OAK STREET, WEST PALM BEACH, FL 33405			
Date of Arrest		Time of Arrest		Booking Date		Booking Time	
09/10/2016		16:18					
Name (Last, First, Middle)							
HOLLEY, JAMES							
Race		Sex		Date of Birth		Height	
W- White B- Black		M		09/09/1954		6'04	
Weight		Eye Color		Hair Color		Complexion	
190		BLUE		BROWN		MEDIUM	
Diseases, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							
				Marital Status		Religion	
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone							
1120 OAK ST, WEST PALM BEACH, FL 33405 (561) 371-9707							
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone							
1120 OAK ST, WEST PALM BEACH, FL 33405 (561) 371-9707							
Business Address (Name, Street) (City) (State) (Zip) Phone							
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)	
H400440543290 /						Highlands, NC	
Citizenship							
149							
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth							
<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input checked="" 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 checked="" type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
Name (Last, First, Middle) Residence Phone							
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian							
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone							
Notified by: (Name) <i>None</i> Date Time JUVENILE DISPOSITION							
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 informed of any change of address. <input type="checkbox"/> Yes by: <input type="checkbox"/> No							
School Attended Grade VICTIM NOTIFICATION REQUIRED Value of Property							
Drug Activity S. Sell R. Smuggle K. Disperses M. Manufacture/ Z. Other Drug Type P. Paraphernalia U. Unknown C. N/A B. Buy D. Deliver E. Distribute F. Manufacture/ V. Marijuana G. Marijuana H. Cocaine J. Hallucinogen I. Heroin L. Other Possess T. Traffic E. Use A. Amphetamine B. Geronin O. Opium/Deriv. S. Synthetic							
Charge Description BATTERY - BATTERY (SIMPLE) Statute Violation Number 784.03(1)(a) Violation of ORD #							
Drug Activity Drug Type Amount: Unit Offense # 2016-0016332 Counts Domestic Violence Warrant / Capias Number Bond							
Charge Description Statute Violation Number Violation of ORD #							
Drug Activity Drug Type Amount: Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond							
Charge Description Statute Violation Number Violation of ORD #							
Drug Activity Drug Type Amount: Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond							
Health: Apparent Physical Condition of Defendant Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.I. County Jail PROPERTY - Received By Released By Released To <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							
Transported By Date Transported Time Transported Other							
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <i>SEP 10 PM 6:29</i>			
				Court Date and Time			
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 COMTEMPT 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				Signature of Arrestee <i>109</i>		Name Verification (Printed by Arrestee) <i>5:3</i>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <i>HOUSTON, JASON O.</i>		I.D. # <i>01009</i> (PRINT)	
Arresting Officer <i>Cpl. T. Hampshire</i> I.D. # <i>109</i> Posch #				Transporting Officer <i>Burke</i>		I.D. # Agency	
Witness here if subject signed with an "X".							

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIMINAL DEFENDANT

SCANNED SEP 11 2016

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A	Date / Time 09/10/2016 16:25	Agency Name WEST PALM BEACH POLICE DEPARTMENT			Agency Report Number 9 4 2016-0016332																																						
D	Agency ORI Number FL 0500800	Alias			Race W	Sex M	Date of Birth 09/09/1954																																				
E	Name (Last, First, Middle) HOLLEY, JAMES																																										
F	Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)																																										
V	Victim's Name (Last, First, Middle) [REDACTED]			Race F	Sex 08/11/1988	Date of Birth																																					
I	Business Address (Name, Street) [REDACTED]			(City)	(State)	(Zip)	Phone																																				
C				Occupation																																							
R																																											
G																																											
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral				OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):																																							
VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																											
RELATIONSHIP BETWEEN VICTIM & SUSPECT																																											
<table> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input checked="" type="checkbox"/></td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Victim: <input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER:</td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>TYPE:</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>(If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PARAMEDICS:</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL:</td> </tr> </table>								PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Victim: <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>																																								
	Victim: <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:																																								
WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:																																								
WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)																																								
INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																									
MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																									
AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:																																								
Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:																																								
<table> <tr> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NAMES/AGES:</td> </tr> <tr> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #:</td> </tr> <tr> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>								ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:	H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:	PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>													
ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:																																								
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																									
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																									
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:																																								
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																									
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																									
N	On September 9, 2016 at 0550 hours, officers from the West Palm Beach Police Department responded to [REDACTED]																																										
A	[REDACTED], in the City of [REDACTED], Palm Beach County, Florida, in reference to a Domestic Disturbance.																																										
R	Your affiant responded to the residence of [REDACTED] W/F 8/11/88 and Holley, James W/M 9/09/54.																																										
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p>[Signature]</p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>10</u> day of <u>Sept</u> <u>2016</u></p> <p>[Signature]</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																											

SCANNED
SEP 11 2016

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

Date / Time 09/10/2016 16:25		Agency Name WEST PALM BEACH POLICE DEPARTMENT		Agency Report Number 9 4 2016-0016332
A D M I N	Agency ORI Number FL 0500800			

N
A
R
R
A
T
I
V
E
■■■■■ advised that she informed her husband Holley, James that she wanted to divorce him and he became very upset. Holley, James very upset and began drinking heavily.

Holley, James became more and more angry and slapped and pushed ■■■■■ while the two were arguing.

■■■■■ decided to go sleep and try and avoid contact with Holley, James.

At approximately 0500 hours ■■■■■ was woke up by Holley, James, who continued the argument.

Holley, James confronted ■■■■■ in the hallway by the bathroom and attempted to punch her in the face with his left hand. ■■■■■ ducked the left hand. Holley, James then threw a right hand and punched ■■■■■ on the left side of her face above her left eye.

After the punch, Holley, James lost his balance and fell into the bathroom hitting his right ear on the cabinet.

■■■■■ called the police, who responded.

Your Affiant responded and spoke to both parties.

At that point, ■■■■■ no visible sign of injury.

At 1600 hours, your Affiant responded back to ■■■■■ to stand by while ■■■■■ retrieved property from the residence.

At that time your Affiant observed a large bruise above and around ■■■■■ left eye.

■■■■■ stated that the injury was from the punch that Holley, James hit her with earlier that morning.

At this time, your affiant has probable cause to charge Holley, James W/M 09/09/42 with one count of Simple Battery, Domestic violation of Florida State Statute 784.03(1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, ■■■■■ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of Sept 2016

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
SEP 11 2016

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 16-16332 Agency: WPBPD
Offense: Battery / Domestic
Suspect/Offender: Holley, James
D.O.B. 9/9/54 Race: W Sex: M
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim: _____
Address: _____
City: _____
Home: _____
 - b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: SCANNED
Printed name of person waiving notification: SEP 11 2016
Officer's Name: 1-Winston I.D. 1001 Date: 9/10/16

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)