

#0427912

ARREST NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number

Agency ORI Number

Agency Name

0500200

Boca Raton Police Department

Agency Report Number (N.T.A.'s only)

3 2 2016-017205

Charge Type:
Check as many
as apply.
 1. Felony
 3. Misdemeanor
 5. Ordinance
 6. Other

 2. Traffic Felony
 4. Traffic Misdemeanor

If Weapon Seized

Enter Type **Hands, Feet, Fist, Teeth**Multiple
Clearance
Indicator

Date of Arrest

11/26/2016

04:05

Booking Date

11/26/2016

04:15

11/26/2016

04:15

N/A

Alias (Name, DOB, Soc. Sec. #, Etc.)

Name (Last, First, Middle)

MARQUEZ, JANAITH W

Alias:

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W - White B - Black	W F	04/23/1990	5'03	100	BROWN	BLACK	MEDIUM	Small

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
TATT L HAND / "DOLLY LAMA"; TATT L ARM / CHEETAH PRINT;	S	CHRISTIAN	

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State
1800 NW 4TH AVE 9A, BOCA RATON, FL 33432				(561) 654-6658	

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
1800 NW 4TH AVE 9A, BOCA RATON, FL 33432				(561) 654-6658	DEF

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
LIME MEXICAN GRILL, GLADES RD AND 441				(561) 488-9870	Server

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M622420906430 / FL			NEW YORK, NY, United	US

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	Indication of 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	Indication of 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

Name (Last, First, Middle)	Residence Phone

Address (Street, Apt. Number)	(City)	(State)	(Zip)	Business Phone

Notified by: (Name)	Date	Time	JUVENILE DISPOSITION
			1. Handled/Processed within Department and Released
			2. TOT JAC
			3. Incarcerated

Released To: (Name)	Relationship	Date	Time	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 355-2526) informed of any change of address.	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property

Drug Activity	S. Sell	R. Smuggle	K. Disperses/ D. Deliver	M. Manufacture/ E. Use	P. Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ O. Marijuana	U. Unknown
N. N/A	B. Buy	D. Traffic		N. N/A	A. Amphetamine	E. Heroin	O. Opium/Per. v.	S. Synthetic	Z. Other		

Charge Description	Status Violation Number						Violation of ORD #	
BATTERY	784.03(1A1)							

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond		
N	/		2016-017205	1						

Charge Description	Statute Violation Number						Violation of ORD #	
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Health / Apparent Physical Condition of Defendant	Any knowledge of the following:						Mental Escape Risk Medication Deformities Injuries		
GOOD	<input type="checkbox"/> Y <input type="checkbox"/> N								

Check which applies:	<input type="checkbox"/> Released O.R.	<input type="checkbox"/> Released to Parent/Guardian	<input checked="" type="checkbox"/> T.O.T. 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						2016-017205		
	// : :								

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)						South County 200 W Atlantic Ave Delray Beach, FL 33444		
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	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.							No Photo Available		
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Signature of Defendant (or Juvenile and Parent/Custodian)							Date Signed		
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HOLD for Other Agency			Signature of Arresting Officer			Name Verification (Printed by Arrestee)		
			765					
			Name of Arresting Officer (Print)			(PRINT)		
			KENISTON, ADAM C.					
			I.D. # 765					
			Transporting Officer			Agency		
			621			BRPD		
						Witness here if subject signed with an "X".		

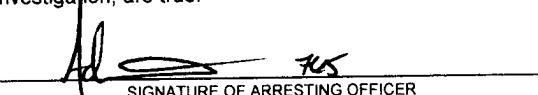
HEDNEICA

SCANNED
NOV 27 2016

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/26/2016 04:05	Agency Name BOCA RATON POLICE DEPARTMENT			Agency Report Number 3 2 2016-017205																																						
D E E F	Agency ORI Number FL 0500200	Alias			Race W	Sex F	Date of Birth 04/23/1990																																				
C H R G	Name (Last, First, Middle) MARQUEZ, JANAITH W																																										
Charge Description 784.03(1A1)																																											
M	Business Address (Name, Street) BRCH																																										
A D D I T I O N A L I N F O R M A T I O N	Written DEFENDANT'S STATEMENTS:	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):																																							
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
RELATIONSHIP BETWEEN VICTIM & SUSPECT																																											
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<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 OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>26</u> day of <u>November</u>, <u>2016</u>.</p> <p><u>CODLING, JEREMY R</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																											

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NOV 27 2016

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A	Date / Time
D	11/26/2016 04:05
M	Agency ORI Number
I	FL 0500200
N	

Agency Name
BOCA RATON POLICE DEPARTMENT

Agency Report Number

3 | 2 | 2016-017205

On 11-26-2016, at approximately 0315 hours, I was dispatched to [REDACTED] in reference to a domestic dispute.

Upon arrival, I met with the victim [REDACTED]. [REDACTED] advised she was sleeping and was awoken by Janaith Marquez coming home from work. [REDACTED] advised when Janaith came into the apartment she began yelling at her [REDACTED]. [REDACTED], who was on the couch sleeping to go sleep in her bedroom. Due to Janaith's yelling [REDACTED] woke up and told her to be quiet at which time Janaith pushed [REDACTED] in the chest. [REDACTED] advised she attempted to calm and restrain Janaith by placing her hands on Janaith's shoulders at which time Janaith bit [REDACTED]'s right thumb. [REDACTED] advised she called 911 and Janaith left the apartment.

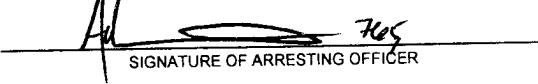
I then spoke with Janaith Marquez who advised she came home from work and told [REDACTED] to go to bed. Janaith advised that [REDACTED] came out of her bedroom and got in her face and pushed her. Janaith stated she left the residence and was confronted by BRPD.

Based on my investigation and the physical evidence, Janaith Marquez was placed under arrest pursuant to FSS 784.03(1A1) simple battery (domestic) after she pushed and bit [REDACTED]. Janaith was turned over to Palm Beach County Jail for processing.

Pictures of [REDACTED] were taken and a written statement was placed into evidence. Ana was given the Legal Rights and Remedies Pamphlet.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, [REDACTED] 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 26 day of November, 2016.

CODLING, JEREMY R

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

SCANNED
NOV 27 2016

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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#: 16-17205 Agency: BRPD
 Offense: DDM Domestic Battery
 Suspect/Offender: Janaiith Marquez
 D.O.B. 4/23/90 Race: white Sex: Female

2. Warrant#(s): _____

3.a.

Home#: _____

b. Victim's next of kin, friend or neighbor: _____

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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).

Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

SCANNED

Printed name of person waiving notification: _____

NOV 27 2016

Officer's Name: Keniston I.D.# 765 Date: 11/26/16

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