

0499653

1501 15M 2023

ADMINISTRATIVE	FCIC CHECK: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ARREST / NOTICE TO APPEAR JUVENILE REFERRAL 15TH JUDICIAL CIRCUIT			1. Arrest 2. Notice to Appear 3. Arrest Affidavit	4. Comp. Affidavit 5. Request Capias 6. Juvenile Ref.	1	Juvenile		
	OBTS #	Agency ORI Number FL0503700	Agency Name FLORIDA ATLANTIC UNIVERSITY POLICE		Agency Case # 18-0479					
	Check Type. Check as many as apply:		1. Felony <input type="checkbox"/>	2. Traffic Felony <input type="checkbox"/>	Weapon Seized? <input type="checkbox"/>	Type	Agency Arrest # or Court Case #			
	<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other/Capias	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
DEFENDANT	Location of Arrest (Include Name of Business) 921 INDIAN RIVER STREET, NORTH TOWER		City BOCA RATON		Business Name, Address 921 INDIAN RIVER STREET, NORTH TOWER		City BOCA RATON			
	Date of Arrest 07/07/2018	Time of Arrest 09:20 PM	Date of Booking	Time of Booking	Jail Date	Jail Time	Fingerprinted By: <input type="checkbox"/> ID Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal			
	Booking #	SPN #	Other ID #	FCIC/NCIC #	DOC #	FBI #				
	Name (Last, First, Middle, Suffix) BODENSTEIN FOX JASMINE NICOLE							Alias/Maiden		
	Race: W-White I-American Indian B-Black A-Oriental/Asian O-Other <input checked="" type="checkbox"/> W		Sex F	Date Of Birth 3/7/2000	Height 5'05"	Weight 120 LBS	Eye Color BRO	Hair Color SDY	Complexion TAN	Build THIN
	SCARS/MARKS/TATOOS (Location/Describe)							Indication of: Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address 921 INDIAN RIVER STREET NORTH 643		City BOCA RATON		State FL	Zip Code 33431	Phone #			
	Permanent Address 6989 74TH STREET CIRCLE E		City BRADENTON		State FL	Zip Code 34203	Phone #			
	Street Address		City		State	Zip Code	Phone #			
	DL # B352434005870	DL State FL	Soc. Sec. #	INS #	Place Of Birth Naples FL		Country of Citizenship US			
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date Of Birth	<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile	<input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor			
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date Of Birth	<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile	<input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor			
Activity: N. N/A P. Possess				Type: N. N/A A. Amphetamine				B. Barbiturate C. Cocaine E. Heroin		
S. Sell T. Traffic				R. Smuggle D. Deliver E. Use				H. Hallucinogen M. Marijuana O. Opium/Deriv.		
K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other				P. Paraphernalia/ Equipment S. Synthetic				U. Unknown Z. Other		
CHARGE #	Charge Description DISORDERLY INTOXICATION		Counts 1	<input checked="" type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance	State Statute 856.011		Ordinance #			
	Drug Activity	Drug Type	Drug Amount	State Attorney Number		Court Number	Bond Amount			
	<input checked="" type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU	<input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation	#		Offense/Issued Date 07/07/2018	<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction	#			
	Charge Description		Counts	<input type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance	State Statute		Ordinance #			
Drug Activity	Drug Type	Drug Amount	State Attorney Number		Court Number	Bond Amount				
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<input type="checkbox"/> Mandatory Appearance in Court.			Location Date: 8/7/18		Time: 8:30					
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.										
Defendant/Juvenile Signature			Parent/Guardian Signature			Released To:		Date	Time	
ADMINISTRATIVE	<input type="checkbox"/> Mirandas Warning	Hold For (Agency):		Verified By:						
	Adults Only <input type="checkbox"/> Hold for First Appearance	Reason:		Sworn and subscribed before me, the undersigned authority this 7 day of July, 2018.						
	I swear/affirm the above and attached statements are true and correct.			Signature of Person Administering Oath						
	GINA HOPKINS 0390S			Signature of Defendant						
Name(Printed)			ID NO.	Name(Printed)		Title				
05 Tammie 8033			Bethel 838							
BOND INFORMATION			Bond Date		Bond Charge #		Bond Charge #			
Type: 1. ROR 2. Cash 3. Surety 4. Bail/Bond 5. Cert. 6. Other			Bond Type		Bond Type					
Return to Court			Date: JUL 7 2018		Time: 11:18					
Released			Date:		Time:					
Released by:			Date:		Time:					
Page			1 of 3							

05 Tammie 8033

Bethel 838

8/7/18

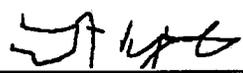
# PROBABLE CAUSE CONTINUATION

Agency ORI Number <b>FL0503700</b>	Agency Name <b>FLORIDA ATLANTIC UNIVERSIT</b>	Agency Case # <b>18-0479</b>	OBTS #
Name (Last, First, Middle, Suffix) <b>BODENSTEIN FOX JASMINE NICOLE</b>		Date Of Birth <b>3/7/2000</b>	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law: On <b>07/07/2018</b> at <b>09:00</b> (Specifically include facts constituting cause for arrest.) <b>On Saturday, July 7, 2018 at or about 9:00 PM at the location of Glades Park Towers North 6th floor, which is located within the jurisdictional limits of Florida Atlantic University, in the City of Boca Raton, within Palm Beach County and the State of Florida, the above named defendant did commit the violation of Disorderly Intoxication. Jasmine Nicole Bodenstein-Fox was then and there intoxicated in a public place and did unlawfully cause a public disturbance by starting an altercation with other students in the hallways and inside another student's dorm room. She was asked several times to leave and she refused, insisting that she was in her own room. She was escorted to her proper room by other students, but created a second disturbance and ran around the North tower of Glades Park Towers.</b>			

1  
PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

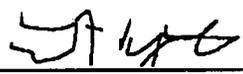
SCANNED  
JUL 10 2018

  
\_\_\_\_\_  
Officer's / Complainant's Signature

**GINA HOPKINS**  
\_\_\_\_\_  
Name (Printed) ID NO.

# PROBABLE CAUSE CONTINUATION

Agency ORI Number <b>FL0503700</b>	Agency Name <b>FLORIDA ATLANTIC UNIVERSIT</b>	Agency Case # <b>18-0479</b>	OBTS #		
Name (Last, First, Middle, Suffix) <b>BODENSTEIN FOX JASMINE NICOLE</b>			Date Of Birth <b>3/7/2000</b>		
WITNESS	First Name	Middle	Last Name	Suffix	Phone #1
	Street Address		City	State	Zip Code
WITNESS	First Name	Middle	Last Name	Suffix	Phone #1
	Street Address		City	State	Zip Code
DEFENDANT	Marital Status	# of Dependents	Length in County	Property Owner	Address of Property
	Place of Employment (Name and address)		Length of Employment	Previous Employment (if current less than 2 years)	
ADVISORY AND SOLVENCY HEARING	The Defendant named on the Arrest/Noticia to Appear document came before me for an Advisory and Solvency hearing on the _____ day of _____, 20____, at _____ am/pm, and was advised by me on the charge against him/her, his/her right to remain silent, that any statements by him/her may be used against him/her, his/her right to counsel, and, if he/she is financially unable to afford counsel, that counsel forthwith will be appointed; of his/her right to communicate with his/her counsel, family or friends, and that reasonable implementation will be afforded him/her to contact the foregoing.				
	I FURTHER CERTIFY THAT:				
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/>	Defendant has advised the court that he/she has retained counsel, or will retain counsel.	<input type="checkbox"/>	The Defendant waived right to counsel at the first appearance only.	
	<input type="checkbox"/>	The court investigated the Defendant's solvency and found the Defendant solvent and financially able to secure counsel.	<input type="checkbox"/>	The Court reviewed the Advisory and finds (there is / there is not) probable cause to hold the bind over the Defendant for trial.	
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/>	The court investigated the Defendant's solvency and appointed the Public Defender to represent Defendant.	<input type="checkbox"/>	The probable cause determination is hereby passed 72 hours.	
	<input type="checkbox"/>		<input type="checkbox"/>	Order of No Imprisonment (ONI)	
BOND ACTION TAKEN, if any _____					JUDGE: _____
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/>	I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.			
	<input type="checkbox"/>	I hereby waive right to counsel at the first appearance only. Defendant's Signature _____			
	<input type="checkbox"/>	I hereby acknowledge receipt of a copy of the foregoing complaint and advisory Defendant's Signature _____ Defendant's Attorney Signature _____			
WAIVER	I have been advised of my rights to a Preliminary Hearing in Case Number(s) _____ in which I am the defendant, and I desire to waive and do hereby waive my right to such Preliminary Hearing concerning all of the charges against me in said case(s).				
	Defendant's Signature _____				
FIRST APPEARANCE	<b>ARRAIGNMENT, JUDGMENT, SENTENCE, AND ORDER</b>				
	Said Defendant was arraigned for trial on _____ and entered a plea of _____ to the charge(s) as set forth herein. After hearing the evidence and duly considering the same, the Court finds you, the defendant _____ of said charge(s); AND IT IS ORDERED AND ADJUDGED that you, the Defendant, are _____ as charged of said offense(s) and set forth herein. IT IS, THEREFORE, the judgement, Order, and Sentence of the Court that you, the Defendant, be imprisoned in the county jail of _____ County, FL, for the term of _____ days, and pay a fine of \$ _____ and \$ _____ the cost herein; and in default of such payment that you, the Defendant, stand committed to the County Jail of _____ County, FL, for a term of _____ days.				
FIRST APPEARANCE	JUDGE _____ COUNTY COURT In and for _____ County, Florida.				
	Charge	Action	Date		
FIRST APPEARANCE	Bond Amount \$ _____ Cash/Surety: Receipt # _____				
	ESTREATED BY (Judge): _____ Date: _____				

  
 \_\_\_\_\_  
 Officer's / Complainant's Signature

GINA  
 \_\_\_\_\_  
 Name (Printed)

HOPKINS      0390  
 \_\_\_\_\_  
 ID NO.



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

	X	Florida State Statute	Description	Page Number(s)
I/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)(f)-(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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018022603	Date: 7/8/2018
	Specialist Name/ID: M. Tooks #8557