

0227.331

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1 Arrest 2 N.T.A. 3. Request for Warrant 4. Request for Capias 1 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>06-18-106596</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 1 Yes 2 No		Multiple Clearance Indicator <b>01</b>			
Location of Arrest (Including Name of Business) <b>1771 PALISADES DR. WEST PALM BEACH FL 33411</b>			Location of Offense (Business Name, Address)			
Date of Arrest <b>08/08/2018</b>	Time of Arrest <b>8:48 A.M.</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>STEWART, JASON, EARL</b>						Alias (Name, DOB, Soc. Sec #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>04/06/1972</b>	Height <b>6'00"</b>	Weight <b>210</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>	Build <b>MED</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status <b>Divorced</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Drug Influence 1 City 2 County 3 Florida 4 Out of State		Unk	
Local Address (Street, Apt Number) <b>2295 FLORIDA STREET, WEST PALM BEACH, FL 33406</b>				Phone <b>(561) 410-0888</b>		Residence Type 1 City 2 County 3 Florida 4 Out of State		<b>2</b>			
Permanent Address (Street, Apt Number)				Phone		Address Source <b>DEFENDANT</b>					
Business Address (Name, Street)				Phone		Occupation <b>SALES</b>					
DL Number, State <b>S-363-425-72-126-0</b>		Soc Sec Number		INS Number		Place of Birth (City, State)		Citizenship <b>CANADA</b>			

Co-Defendant Name (Last, First, Middle) <b>N/A</b>				Race <b>N/A</b>	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		Address (Street, Apt Number) <b>N/A</b>		City (State) (Zip)		Residence Phone		
Notified by (Name) <b>N/A</b>		Date	Time	Juv. Disposition 1. Handled/processed within Dept and Released		TOT HRS / DYS Incarcerated		
Released To (Name) <b>N/A</b>		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.						School Attended		Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Amphetamines	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>SIMPLE BATTERY</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>18-106596</b>	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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>PLAM BEACH COUNTY COURTHOUSE 3228 GUN CLUB RD. WEST PALM BEACH FL 33406 TO BE SET</b>					
Court Date and Time Month <b>August</b> Day <b>9</b> Year <b>2018</b> Time <b>5:30 PM</b> AM					
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					
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed <b>08/08/2018</b>	

HOLD for other Agency Name		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <i>[Signature]</i>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) <b>D/S J. WEHRLE</b>		(PRINT)	
Initials <i>[Signature]</i>	ID # <b>2022</b>	Transporting Officer <b>D/S J. WEHRLE</b>		ID # <b>19481</b>	Agency <b>PBSO</b>
Witness here if subject signed with an "X"				PAGE <b>1 OF 1</b>	

ADMIN Agency ORI Number **FLO 500000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06-18-106596**

Charge Type Check as many as apply:  1. Felony  3. Misdemeanor  5. Ordinance  
 2. Traffic Felony  4. Traffic Misdemeanor  6. Other Special Notes \_\_\_\_\_

DEF Name (Last, First, Middle) **STEWART, JASON, EARL** Alias \_\_\_\_\_ Race **W** Sex **M** Date of Birth **04/06/1972**

CHARGES Charge Description **784.03(1)(a)(1)** Charge Description \_\_\_\_\_  
 Charge Description \_\_\_\_\_ Charge Description \_\_\_\_\_

VICTIM Victim's Name (Last, First, Middle) **STEWART, MICHELLE, RENE** Race **W** Sex **F** Date of Birth **03/27/1973**

Local Address (Street, Apt Number) **1771 PALISADES DR**, **WEST PALM BEACH, FL 33411** (City) (State) (zip) Phone \_\_\_\_\_ Address Source \_\_\_\_\_

Business Address (Name, Street) \_\_\_\_\_ (City) (State) (zip) Phone \_\_\_\_\_ Occupation \_\_\_\_\_

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  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_  
 confessed to \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 was found to have committed the below acts, resulting from my (described) investigation.  
 admitting to the below facts.  
 On the **8TH** day of **AUGUST** 20\_\_ at **8:48**  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

**On August 08, 2018 at 8:19 A.M. I was dispatched to the residence of 1771 Palisades Drive, West Palm Beach FL 33411 in reference to a domestic dispute. Upon my arrival I made contact at the front door with a white female who identified herself as Michelle Rene Stewart, date of birth 03/27/1973. Michelle stated in a taped sworn statement that her ex-husband by the name of Jason Earl Stewart (W/M 04/06/1972) entered her residence and began pushing her in an effort to move her out of his way. Michelle stated that Jason was looking for his lost wallet and was very angry. Michelle confirmed that they have two children in common by the names of Reese and Riley Stewart (Dates of birth 09/11/2007). I observed that Michelle had a fresh abrasion to her right shoulder and left forearm. Michelle did not appear to be under the influence of drugs or alcohol.**

**I made contact inside the residence with a white female who identified herself as Taylor Martin (W/F 01/05/1998). Martin stated that she observed Jason push Michelle against her will when he entered the house. Martin stated that her sisters Reese and Riley were present when the battery occurred and were crying.**

**I made contact with Jason outside of the residence. Jason told me that he entered the house with a key in an attempt to look for his wallet that he believe was inside the house. Jason denied pushing or shoving Michelle in any way.**

**Based on the above statements, facts, my training, experience and observations, I find that there is probable cause the Jason Earl Stewart willfully and unlawfully battered Michelle Rene Stewart against her will, contrary to Florida Statute 784.03(1)(a)(1).**

STATE OF FLORIDA  
 COUNTY OF PALM BEACH  
 \_\_\_\_\_  
 D/S J. WEHRLE  
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **8TH** day of **AUGUST** 20\_\_ by **D/S J WEHRLE**

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced **KNOWN LEO**

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)  
 \_\_\_\_\_  
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



**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: 2018026328	Date: 8/8/2018
	Specialist Name/ID: J. Beck/9007