

J#0486956

17CF3513

P#2723

Rough  
Arrest  
Only

ADMINISTRATION	OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest    3. Request for Warrant		2. N.T.A.    4. Request for Capias		1 Juvenile				
	Agency ORI Number			Agency Name			Agency Report Number			06-17062792 17062972		Multiple Clearance Indicator						
FL0500000			PALM BEACH COUNTY SHERIFF'S OFFICE								02							
Charge Type: Check as many as apply.			<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						Weapon Seized/Type 2 1. Yes 2. No 2									
Date of Arrest 04/10/17		Time of Arrest 2300		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle						
DEFENDANT	Name (Last, First, Middle) <b>Frank Jennifer R</b>										Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White    I - American Indian B - Black    O - Oriental/Asian		Sex W    F		Date of Birth 09/25/1977		Height 5'3		Weight 140		Eye Color brown		Hair Color brown		Complexion light		Build slim	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>left wrist tattoo and left hip area</b>								Marital Status single		Religion no preference		Indication of: Y N Unk. Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>					
	Local Address (Street, Apt. Number) <b>10565 Versailles Blvd</b>								(City) Wellington (State) FL (Zip) 33449		Phone (610) 509 8596		Residence Type 1. City 3. Florida 2. County 4. Out of State 1					
	Permanent Address (Street, Apt. Number) <b>10565 Versailles Blvd</b>								(City) Wellington (State) FL (Zip) 33449		Phone (610) 509 8596		Address Source <b>Self(Jennifer Frank)</b>					
	Business Address (Street, Apt. Number)								(City) (State) (Zip)		Phone ( )		Occupation <b>Farm Manager</b>					
	D/L Number, State <b>F-662-436-77-845-0</b>			Soc. Sec. Number			INS Number			Place of Birth <b>Wilmington, Delaware</b>			Citizenship <b>US</b>					
	CO-DEF	Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input checked="" type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input checked="" type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
JUVENILE	<input type="checkbox"/> Parent    Name (Last) (First) (Middle)								Residence Phone									
	<input type="checkbox"/> Legal Custodian																	
	<input type="checkbox"/> Other																	
	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/CYF 3. Incarcerated						
Released To: (Name)								Relationship		FCIC/NCIC		Date		Time				
The above address was provided by defendant and/or 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: (Name) <input type="checkbox"/> No: (Reason)								School Attended						Grade				
CODE	Recovery Information																	
	0. N/A    1. Voluntary		2. Located Not Returned		3. Hospitalized		4. HRS Custody		5. Law Enforcement Custody		6. Returned to Parent		7. Deceased		8. Other			
CHARGE	Drug Activity S. Sell    R. Smuggle    K. Dispense/ N. N/A    B. Buy    D. Deliver    M. Manufacture P. Possess    T. Traffic    E. Use    Z. Other		Drug Type B. Barbituate    H. Hallucinogen    P. Paraphernalia/ N. N/A    C. Cocaine    M. Marijuana    Equipment A. Amphetamine    E. Heroin    O. Opium/Deriv. C. Cultivate    F. LSD    S. Synthetic		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number <b>784.045(1)(A)(2)</b>		Violation of ORD #							
	Charge Description <b>Domestic Battery with deadly weapon</b>		Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD #									
CHARGE	Drug Activity N    N		Amount/Unit N		Offense #				Warrant/Capis Number		Bond							
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capis Number		Bond							
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD #							
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capis Number		Bond							
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD #							
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capis Number		Bond							
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD #							
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capis Number		Bond							
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court			Location (Court, Room Number, Address)														
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.			Court Date and Time Month Day Year Time A.M. P.M.														
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				
ADMIN	HOLD for other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)									
	Name:  <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:  Inake Deputy <i>Thomas 1936</i>				Name of Arresting Officer (Print) <b>D/S T.Liming</b>				I.D. # <b>28279</b>									
Pouch #				Transporting Officer <b>D/S T.Liming</b>				I.D. # <b>28279</b>		Agency <b>PBSO</b>		Witness here is subject signed with an "X". <i>APP 11 2017</i>						
DISTRIBUTION: 1st WHITE - COURT    2nd WHITE - RECORDS    GREEN - STATE ATTY.    YELLOW - CID    PINK - JAIL (Rough Arrest)														GOLD - DEFENDANT (Msd.) or BLOTTER (Felony)				

OBTS Number	1
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### PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

Agency ORI Number <b>FLO 5 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06 - 17062972</b>		
Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.		Special Notes:		
Defendant's Name (Last, First, Middle) <b>Frank, Jennifer R</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/25/1977</b>
Charge Description <b>domestic battery with deadly weapon</b>		Charge Description		
Charge Description		Charge Description		
Victim's Name (Last, First, Middle)		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/11/1990</b>
		Phone	Address Source <b>residence</b>	
Victim's Business Address (Name, Street) <b>unk</b>		(City) <b>unk</b>	(State) <b>unk</b>	(Zip) <b>unk</b>
		Phone <b>unk</b>	Occupation <b>self proprietor</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 _____  <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 10thday of April, 20017 at 07:28 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).</p>				

### NARRATIVE:

On April 10th, 2017 I arrived at [REDACTED] FL, [REDACTED] in reference to a domestic.

Upon arrival I met with Jennifer Frank and she stated to me that she and [REDACTED] [REDACTED] were having arguments the past few days. But today she found things on his computer that were suspicious of him [REDACTED]. Jennifer texted [REDACTED] and told him he was lying [REDACTED].

Jennifer's statement she made was that [REDACTED] entered the residence and came towards her as she entered the office area. Jennifer stated that she tried to retreat into the office and shut the french doors, when [REDACTED] grabbed her arm with the knife in her hand. Jennifer retreated from the physical altercation in the office and went to the master bathroom where she then again tried to shut the french doors to the bathroom and [REDACTED] placed his foot between them. Jennifer stated that is when she stabbed [REDACTED] in the foot. [REDACTED]'s statement was, after reading the texts, made it back to the home where he entered through the side door. [REDACTED] stated the side door was locked so he kicked it in so that he could enter the house [REDACTED]. Jennifer was inside the residence and was armed with a knife. [REDACTED] walked towards her trying to talk to her and resolve the accusation of him [REDACTED] while she was in the master bathroom; Jennifer was in the process of closing the doors to the bathroom. [REDACTED] put his foot in between the French doors to the bathroom and that is when Jennifer stabbed [REDACTED] in his foot.

[REDACTED] retreated back into the master bedroom and was shocked that Jennifer would have done something like this to him. [REDACTED] then proceeded through the great room and foyer area into a hallway to where the garage is located and was sitting down with blood leaking out of his foot. Jennifer called 911 and located a towel in the garage to

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APR 11 2017

## NARRATIVE CONTINUATION

put pressure on his wound. Based on the above facts I am filing charges against Jennifer Frank for a domestic battery F.S.S. 784.045(1)(A)(2).

Sworn and Subscribed before me <i>L. M. A. Z. A. C. O. S.</i>	<i>J. R.</i> 28275
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10) D/S <i>N</i> # <i>6791</i>	Signature of Arresting / Investigating Officer D/S Tifani Liming 28279
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10) 04/10/17	Name of Officer (Please Print) 04/10/17
Date	Date

NOT A CERTIFIED COPY

APR 11 2017

SCANNED  
APR 11 2017

**VICTIM NOTIFICATION FORM****SUSPECT/OFFENDER:****(FOR WARRANTS USE ONLY)****COURT CASE/WARRANT#:**

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 #: 17062972 Agency: PBSO  
Offense: Domestic Battery with deadly weapon  
Suspect/Offender: Jennifer R Frank  
D.O.B. 09/25/1977 Race: White Sex: Female

2. Warrant #(s): n/a

3.a. Victim's name: ██████████ D.O.B. 11/11/1990 Race: W Sex: F  
Address: ██████████  
City: ██████████  
Home: ██████████

b. Victim's next of kin, friend or neighbor: n/a  
Address: n/a  
City: n/a State: n/a Zip: n/a  
Home #: n/a Work #: n/a Other: n/a

**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: \_\_\_\_\_

Deputy's Name: D/S T.Liming I.D. # 28279 Date: 04/10/17

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO 00029A REV. 4/98

**PALM BEACH COUNTY SHERIFF'S OFFICE**  
**DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM**  
**(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER: 17062792

DEFENDANT'S NAME: Jennifer R Frank

DEFENDANT'S STATEMENT:  YES  NO (IF YES:  WRITTEN  TAPED  ORAL)

SYNOPSIS: ████████ entered the residence through a side door in order to talk with Jennifer, when Jennifer went to the master bathroom to shut him out. █████ placed his foot between the doors and Jennifer stabbed his foot. █████ retreated to the master bedroom and then to the foyer area in which his final stop was in the hallway leading to the garage. Jennifer called 911 and applied pressure on his wound.

VICTIM'S NAME: ████████

VICTIM'S STATEMENTS:  YES  NO (IF YES:  WRITTEN  TAPED  ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) stabbing on top of the foot not really emotional, very compliant

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: ████████

PHOTOGRAPHS: SCENE:  YES  NO VICTIM(S):  YES  NO

911 CALL:  YES  NO WHO CALLED: Jennifer R Frank

WEAPON USED:  YES  NO TYPE: knife

MEDICAL TREATMENT:  YES  NO

AT SCENE:  YES  NO PARAMEDICS: PBFR

AT HOSPITAL:  YES  NO HOSPITAL: Wellington Regional

PHYSICIAN: DR. Erickson, Scott

ARE CHILDREN LIVING IN HOME:  YES  NO

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S):  YES  NO (IF YES  SAME AS ABOVE OR SPECIFY)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DCF NOTIFIED: (IF CHILD ABUSE)  YES  NO

VICTIM PREGNANT:  YES  NO

PRIOR HISTORY OF DOMESTIC VIOLENCE:  YES  NO

ALCOHOL OR DRUGS INVOLVED:  YES  NO

VIOLATION OF RESTRAINING ORDER:  YES  NO CASE #: \_\_\_\_\_

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: n/a PHONE: n/a *SCANNED APR 11 2017*

RELATIVE/FRIEND ADDRESS: n/a