

J# 0486956

17CF3513

P# 2723

Rough
Arrest
Only

ADMINISTRATION		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 FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17062792		17062972			
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized/Type 2 1. Yes 2. No 2		Multiple Clearance Indicator 02					
Date of Arrest 04/10/17		Time of Arrest 2300		Booking Date		Booking Time			
Jail Date		Jail Time		Location of Vehicle					
Name (Last, First, Middle) Frank Jennifer R		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black O - Oriental/Asian W		Sex 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) left wrist tattoo and left hip area		Marital Status single		Religion no preference			
Local Address (Street, Apt. Number) 10565 Versailles Blvd		(City) Wellington		(State) FL		(Zip) 33449			
Permanent Address (Street, Apt. Number) 10565 Versailles Blvd		(City) Wellington		(State) FL		(Zip) 33449			
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)			
D/L Number, State F-652-436-77-845-0		Soc. Sec. Number		INS Number		Place of Birth Wilmington, Delaware			
Citizenship US		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		Residence Phone		Business Phone			
Address (Street, Apt. Number)		(City)		(State)		(Zip)			
Notified by: (Name)		Date		Time		Juv. 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			
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		Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate P. Possess T. Traffic E. Use		Drug Type N. N/A B. Barbituate H. Hallucinogen P. Paraphernalia/ U. Unknown A. Amphetamine C. Cocaine M. Marijuana Equipment Z. Other E. Heroin O. Opium/Deriv. S. Synthetic		Charge Description Domestic Battery with deadly weapon		Counts 1	
Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.045(1)(A)(2)		Violation of ORD #		Warrant/Capias Number			
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No			
Statute Violation Number		Violation of ORD #		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number			
Violation of ORD #		Warrant/Capias Number		Bond		Charge Description			
Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD #			
Warrant/Capias Number		Bond		Charge Description		Counts			
Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD #		Warrant/Capias Number			
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No			
Statute Violation Number		Violation of ORD #		Warrant/Capias Number		Bond			
Instruction No. 1 Mandatory Appearance in Court Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		Location (Court, Room Number, Address)		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		APR 11 2017 12:45			
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other: Thomas		Signature of Arresting Officer X [Signature] Name of Arresting Officer (Print) D/S T. Liming		I.D. # 28279		Name Verification (Printed by Arrestee) (PRINT)			
Pouch #		Transporting Officer D/S T. Liming		I.D. # 28279		Agency PBSO			
Witness here is subject signed with an "X".		APR 11 2017		PAGE OF 1					

DISTRIBUTION: 1st WHITE - COURT 2nd WHITE - RECORDS GREEN - STATE ATTY. YELLOW - CID PINK - JAIL (Rough Arrest) GOLD - DEFENDANT (Misd.) or BLOTTER (Felony)

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1		Juvenile	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06 - 17062972			
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) Frank, Jennifer R						Race W		Sex F	
Date of Birth 09/25/1977									
Charge Description domestic battery with deadly weapon						Charge Description			
Charge Description						Charge Description			
Victim's Name (Last, First, Middle)						Race W		Sex M	
Date of Birth 11/11/1990						Phone [REDACTED]		Address Source residence	
Victim's Business Address (Name, Street) (City) (State) (Zip) unk unk unk unk						Phone unk		Occupation self proprietor	
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... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the 10th day of April, 20017 at 07:28 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).									

NARRATIVE:

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

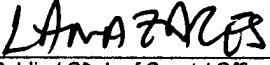
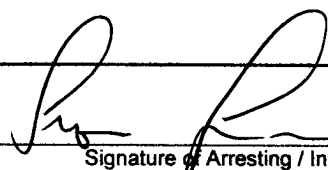
Upon arrival I met with Jennifer Frank and she stated to me that she and [REDACTED] were having arguments the past few days. But today she found things on his computer that were suspicious of him [REDACTED]. Jennifer texted [REDACTED] and told him he was lying [REDACTED].

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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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		Signature of Arresting / Investigating Officer	
			
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)		Signature of Arresting / Investigating Officer	
D/S	# 6791	D/S Tifani Liming 28279	
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)		Name of Officer (Please Print)	
04/10/17		04/10/17	
Date		Date	

NOT A CERTIFIED COPY

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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 #: 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: [REDACTED] D.O.B. 11/11/1990 Race: W Sex: F
Address: [REDACTED]
City: [REDACTED]
Home: [REDACTED]

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 #0029A REV. 4/98

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____

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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: [REDACTED] entered the residence through a side door in order to talk with Jennifer, when Jennifer went to the master bathroom to shut him out. [REDACTED] placed his foot between the doors and Jennifer stabbed his foot. [REDACTED] 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: [REDACTED]

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 [REDACTED]

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

RELATIVE/FRIEND ADDRESS: n/a

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