ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number (N.T.A.'s only): 06- 18-123064

ADMINISTRATIVE

Charge Type: Check as many as apply. ☑ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator: 02

[redacted] ame of Business) [redacted] | Location of Offense (Business Name, Address): SAME

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Oct 13, 2018	07:30					N/A

DEFENDANT

Name (Last, First, Middle): WHIDDEN JENNIFER LOUANN | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/22/1980	5-1	124	BLU	BLONDE	FAIR	SLIM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATTOO: RIGHT TOE | Marital Status: M | Religion: NONE | Indication of: Alcohol Influence Y ☑ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☑

Local Address (Street, Apt. Number): [redacted] RD N (City) (State) (Zip) [redacted] | Phone: (561) 9083167 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): [redacted] (State) (Zip) | Phone: ( ) | Address Source: FL D/L

Business Address (Name, Street) (City) (State) (Zip) | Phone: ( ) | Occupation: WAITRESS

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
W350432805220	[redacted]		PALM BCH GRADENS	USA

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) | Residence Phone: ( )

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

Notified By: (Name): D/S P. HOPE | Date | Time | Juvenile Disposition: 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address provided by ☐ defendant and / or ☐ defendant's parents to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. The child and / or parent was told ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
CHILD ABUSE / ENDANGERMENT	1	☑ Y ☐ N	827.03 2 D	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	18-123064		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
BATTERY DOMESTIC	1	☑ Y ☐ N	784.03 1A1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

VICTIM NOTIFICATION REQUIRED

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time AM PM

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 Name: | Signature of Arresting Officer X | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print): D/S P. HOPE | I.D. #: 7728

Intake Deputy | I.D. # | Pouch # | Transporting Officer: D/S P. HOPE 7728 | ID # | Agency: PBSO | Witness here if subject signed with an X

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

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SCANNED OCT 14 2018

U 2818491

F-8730

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18-123064

Charge Type: Check as many as apply. ☑ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
WHIDDEN JENNIFER	LOUANN	W	F	01/22/1980

CHARGES

Charge Description	Charge Description
CHILD ABUSE / ENDANGERMEN 827.03 2 D	BATTERY DOMESTIC 784.03 1A1
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	M	01/13/1978

Local Address	Phone	Address Source
[redacted]	([redacted]	D.A.V.I.D.
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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☑ was found to have commited the below acts, resulting from my (described) investigation.

On the 13TH day of OCTOBER 20 18 at 07:30 ☑ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

ON 10-13-18 AT APPROXIMATELY 07:30HRS, I RESPONDED TO [redacted] CONCERNING A DOMESTIC VIOLENCE COMPLAINT. UPON MY ARRIVAL I WAS MET BY BOTH PARTIES WHO WERE STANDING OUTSIDE THEIR HOME. THE FEMALE IDENTIFIED AS JENNIFER WHIDDEN 01/22/1980 WAS HOLD HER [redacted] I SPOKE TO THE MALE HALF IDENTIFIED AS [redacted] (COMPLAINANT) 01/13/1978 WHO TOLD ME HIS WIFE JENNIFER CAME HOME INTOXICATED AND STARTED ARGUING WITH HIM TO THE POINT SHE THREW A GLASS BOTTLE THAT HIT THE T.V. AND SHATTERED BACK ONTO THE COUCH WHERE HER [redacted] WAS SITTING (HE WAS WOKE-UP BY THE ARGUING). AS THEY CONTINUED TO FIGHT AT SOME POINT JENNIFER WAS LOOKING FOR HER PHONE AND BELIEVED HER HUSBAND TOOK AS THIS INCIDENT MOVED INTO THE BEDROOM, HE WAS LYING ON THE BED WITH THEIR [redacted] WHEN SHE SUDDENLY ATTACKED HIM YELLING GIVE ME MY PHONE. [redacted] INDICATED HE RECORDED HER ACTIONS ON HIS CELL PHONE AND PLAYED THE VIDEO FOR ME. YOU CAN SEE HER ATTACK HIM AND HEAR HER [redacted] START CRYING IN FEAR. AS I SPOKE TO JENNIFER I COULD SMELL A STRONG ODOR OF AN ALCOHOLIC BEVERAGE COMING FROM HER BREATH. SHE DID STATE SHE WAS OUT AND JUST RETURN HOME WHEN THEY STARTED ARGUING, SHE SAID SHE ONLY HIT HIM AFTER HE BATTERED HER FIRST AND SHOWED ME A SMALL CUT TO HER FINGER. HOWEVER BASED ON THE VIDEO OF HER ACTIONS RECORDED AND HOW HER [redacted] BECAME IN FEAR AND WAS CRYING DUE HIM BEING PRESENT AND SEEING THE ACTIONS OF HIS [redacted] JENNIFER WAS PLACE UNDER ARREST FOR BATTERY DOMESTIC VIOLENCE AND CHILD ABUSE (CHILD ENDANGERMENT) FOR THE ABOVE ACTIONS MENTION AND FOR THROWING THE BOTTLE AND SMASHING IT CAUSING THE GLASS PROJECT BACK ONTO THE COUCH WHERE HER [redacted] WAS SITTING DURING THE EARLY STAGES OF THE INCIDENT. JENNIFER WAS PLACED INTO THE REAR OF MY PATROL VEHICLE AND THE VIDEO TURNED ON. THE VICTIM WAS GIVEN A CASE INFORMATION SHEET AND A DOMESTIC VIOLENCE PAMPHLET. THE DEFENDANT WAS TRANSPORTED TO THE COUNTY JAIL ONCE THE PROPER PAPERWORK WAS COMPLETED. THE VIDEO WILL BE COPIED TO AN SD CARD AND PLACED INTO EVIDENCE FOR COURT PROCEEDINGS.

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STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S P. HOPE 7728
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13TH day of OCTOBER 20 18 by D/S P. HOPE 7728

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

D/S P. HOPE 7728
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED OCT 14 2018

PAGE 1 OF 1

ADMINISTRATIVE

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

BSO #0004 REV. 04/01

PALM BEACH COUNTY SHERIFF'S OFFICE

DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM

(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER# 18-123064

DEFENDANT'S NAME: WHIDDEN JENNIFER LOUANN

DEFENDANTS STATEMENT ☐ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☐ ORAL)

SYNOPSIS:

VICTIM'S NAME: [redacted] [redacted] [redacted]

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

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL)

RELATIONSHIP BETWEEN VICTIM AND SUSPECT:

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

911 CALL: ☐ YES ☐ NO WHO CALLED:

WEAPON USED: ☐ YES ☐ NO TYPE:

MEDICAL TREATMENT: ☐ YES ☐ NO

AT SCENE: ☐ YES ☐ NO PARAMEDICS:

AT HOSPITAL: ☐ YES ☐ NO HOSPITAL: PHYSICIAN:

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: PHONE:

RELATIVE/FRIEND ADDRESS:

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VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

This form must be completed when one of the following crime(s) has been commited:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **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.)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#.

1. Incident Report #: 06- 18-123064 Agency: PBSO
   Offense: CHILD ABUSE / ENDANGERMENT
   Suspect/Offender: WHIDDEN JENNIFER LOUANN
   D.O.B. 01/22/1980 Race: W Sex: F

2. Warrant # (s):

3.a. Victim's name: [redacted] D.O.B. [redacted] Race: W Sex: M
   Address: [redacted]
   City: [redacted] State: Zip:
   Home #- [redacted] Work #: Other:

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:** 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 P. HOPE I.D.# 7728 Date: 10/13/18

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

PBSO 000298 REV. 4/99

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018034288	**Date:** 10/14/2018
	Specialist Name/ID: M. Tooks #8557

SCANNED
OCT 14 2018