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19MM 9835 853

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Request for Warrant 1  
Request for Capias 1  
Juvenile

Agency ORI Number <b>FLO 50000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number (N.T.A.'s only) <b>06- 19107617</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
Location of Arrest (Including Name of Business) <b>DREXEL ROAD AND VELVET PLACE WEST PALM BEACH, FL 33417</b>		Location of Offense (Business Name, Address) <b>DREXEL ROAD AND VELVET PLACE WEST PALM BEACH, FL 33417</b>
Date of Arrest <b>08/24/19</b>	Time of Arrest <b>0200 HOURS</b>	Booking Date

Name (Last, First, Middle) <b>DE VRIES JENNIFER LYNN</b>	Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White - American Indian S - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/17/1984</b>	Height <b>5'02"</b>	Weight <b>120lbs</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>MEDIUM</b>	Build <b>VERY SMALL</b>
Scars, Marks, Tattoos, Unique Physical Features (Location Type Description) <b>2 TATOOS ON RIGHT LEG; 1 TATOO ON LEFT LEG</b>		Marital Status <b>Married</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Drug Influence Y N Cr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1652 MERIDIAN ROAD West Palm Beach, FL 33417</b>		Phone <b>( ) 561-7294865</b>	Residence Type 1. City 3. Florida 2. County 4. Out of State <b>2</b>					
Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone	Address Source					
Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation					
DL Number, State <b>DI62432846370</b>	Soc. Sec. Number	INS Number	Date of Birth (City, State) <b>04/17/1984 ADELPHIA, PA</b>		Citizenship <b>USA</b>			

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
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

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)	Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone
Notified by (Name)	Date	Time
Released To: (Name)	Relationship	Date
Time 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 355-2626) informed of any change of address. <input type="checkbox"/> Yes by: (Name) <input type="checkbox"/> No (Reason)		School Attended
Property Ching? <input type="checkbox"/> Yes <input 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. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	F. Hallucinogen G. Marijuana O. Opium/Deriv.	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(1a1)</b>	Violation of ORD #	Warrant / Capias Number <b>OR</b>
Drug Activity	Drug Type	Amount / Unit	Offense # <b>19107617</b>	Warrant / Capias Number		Bond				
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	Warrant / Capias Number
Drug Activity	Drug Type	Amount / Unit	Offense # <b>19107617</b>	Warrant / Capias Number		Bond				
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	Warrant / Capias Number
Drug Activity	Drug Type	Amount / Unit	Offense # <b>19107617</b>	Warrant / Capias Number		Bond				
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	Warrant / Capias Number
Drug Activity	Drug Type	Amount / Unit	Offense # <b>19107617</b>	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) <b>North County Court Complex 3188 PGA Boulevard, Palm Beach Gardens, FL 33410</b>	
Court Date and Time Month <b>September</b> Day <b>25</b> Year <b>2019</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
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 FULLY 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>08/24/19</b>

HOLD for other Agency Name	Signature of Arresting Officer <b>D/S T. PHIPPS</b>	Name Verification (Printed by Arrestee) <b>D/S T. PHIPPS</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicide	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other <b>DEFEND</b>	(PRINT)
Initials <b>PHIPPS</b>	Transporting Officer ID # <b>D/S T. PHIPPS 33643</b>	Agency <b>PBSO</b>
Witness here if subject signed with an "X"		PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

CBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Record Number <b>06-19107617</b>
Charge Type Check as many as apply:	<input type="checkbox"/> 1. Felony	<input checked="" 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	Supervisor's Initials	

Name (Last, First, Middle) <b>DE VRIES JENNIFER LYNN</b>	Alias <b>148789572</b>	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/17/1984</b>
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Charge Description <b>SIMPLE BATTERY</b>	784.03(1a)	Charge Description
Charge Description		Charge Description

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) [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 \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts resulting from my (described) investigation.

On the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

On August 24, 2019, at approximately 0115 hours, I responded to the intersection of Drexel Road and Velvet Place South, West Palm Beach, Florida 33417 in reference to a disturbance.

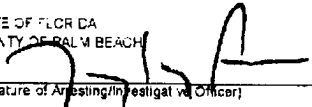
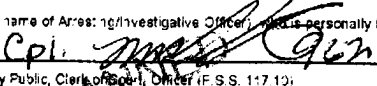
Upon arrival, I made contact with Gerald Bickmore. Bickmore stated that Jennifer Lynn De Vries scratched his face and chest with her fingernails and bit him on the back of the neck. I observed scratch marks on Bickmore's face and the right side of his chest and a bite mark on the back of his neck.

An independent witness, Brian D. Baird stated he observed Devries striking Bickmore with her fists.

As Devries intentionally struck Bickmore against his will, probable cause was developed to charge Devries with Simple Battery FSS 784.03(1)(A)(1). She was arrested and transported to the county jail without incident.

PROBABLE CAUSE STATUTE: N.I.

NOT A CERTIFIED COPY

STATE OF FLORIDA COUNTY OF PALM BEACH		<b>D/S T. PHIPPS</b>
(Signature of Arresting/Investigative Officer)	The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20____ by <b>18</b> <b>D/S T. PHIPPS</b>	
(Print name of Arresting/Investigative Officer)	I am personally known to me and/or produced identification. Type of identification produced <b>KNOWN</b>	
	Notary Public, Clerk of Court, Officer (F.S.S. 117.13)	
<b>SCA</b> <b>Aug 25 2019</b>	PAGE <b>1</b> OF <b>1</b>	



**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"/>	(vii) 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: 2019027690	Date: 08/25/2019
	Specialist Name/ID: AM/31562