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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17152138	
Charge Type: Check as many as apply:	<input checked="" 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 2 1. Yes 2. No		Multiple Clearance Indicator 02
Location of Arrest (Including Name of Business) 4896 S KATRINA CIRCLE, WEST PALM BEACH, FL 33415			Location of Offense (Business Name, Address) 4896 S KATRINA CIRCLE, WEST PALM BEACH, FL 33415			
Date of Arrest 11/15/2017	Time of Arrest 2045	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) POSTON, JENNIFER, LYNN						Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 01/06/1981	Height 5'1	Weight 120	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT	Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO: PELVIS						Marital Status DIVORCED	Religion CHRISTIAN	Indication of: Alcohol Influence Drug Influence			Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) 4896 S KATRINA CIRCLE, WEST PALM BEACH, FL 33415				(City)	(State)	(Zip)	Phone (561) 502-9636		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone		Address Source DEFENDANT				
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone		Occupation MEDICAL ASSISTANT				
D/L Number, State P235432815060		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship U.S.					

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	Juvenile Disposition: 1. Handled/processed in Dept. and Released. 2. HRS / DYS 3. Incarcerated	
Released To: (Name)			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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attended		Grade
Property Crime? <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	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description CHILD ABUSE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 827.03(2c)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17152138		Warrant / Capias Number		Bond			
Charge Description SIMPLE BATTERY		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 784.03(1A1)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17152138		Warrant / Capias Number		Bond 20			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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)					
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 11/15/2017		

HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Agent) NOV 16 2017 NOV 15 PM 11:26	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) D/S A. RAJA		(PRINT)	
Intake Deputy	I.D. #	Pouch #	Transporing Officer D/S A. RAJA	ID # 19470	Agency PBSO
Witness here if subject signed with an "X"			PAGE 1 OF 1		

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PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

ADMIN	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 17152138	
	Charge Type: Check as many as apply.	<input 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	Special Notes:	
DEF	Name (Last, First, Middle) POSTON, JENNIFER, LYNN			Alias	Race W	
CHARGES	Charge Description CHILD ABUSE		827.03(2c)	Charge Description SIMPLE BATTERY	784.03(1A1)	
	Charge Description			Charge Description		
VICTIM	[Redacted]			Race W	Sex F	
	[Redacted]			Date of Birth 01/10/2002	Address Source	
	Business Address (Name, Street) (City)		(State) (zip)	Phone ()	Occupation	
PROBABLE CAUSE STATEMENT	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"/> confessed to _____ admitting to the below facts.					
	<input type="checkbox"/> was observed by _____ who told _____ 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.					
	On the 15TH day of NOVEMBER 20 17 at 2030 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)					
	On Wednesday, November 15, 2017 at approximately 2031 hours, I was dispatched to 4896 S. Katrina Circle in unincorporated West Palm Beach, Palm Beach County, Florida in reference to a domestic disturbance.					
	While in route to the location, PBSO dispatch advised that while on the phone with the complainant, the call taker could hear a disturbance in the background. I arrived at the location along with D/S A. DeVito ID # 15330. I entered the residence and made contact with [Redacted]. She advised me that [Redacted] Jennifer Poston had been drinking and was taking pain killers. According to [Redacted] she was sitting in the living room with [Redacted]. Jennifer was walking around the residence and screaming at [Redacted]. Jennifer then walked through the kitchen to her bedroom while stomping her feet. Jennifer again started screaming and began to walk towards the living room. [Redacted] heard Jennifer stomping her feet and immediately realized that if Jennifer made it to the living room, she was going to attack [Redacted]. [Redacted] immediately went to the kitchen and stood in front to Jennifer to stop her from getting to [Redacted]. Jennifer became aggressive and grabbed [Redacted] neck with one hand and tried to push her. [Redacted] was able to grab Jennifer's hands and hold her against the kitchen counter. [Redacted] observed the entire incident and ran to the kitchen. [Redacted] used a bear hug to restrain Jennifer and to stop her from attacking anyone. Jennifer then turned around and punched [Redacted] on the left side of his face. [Redacted] was able to restrain Jennifer and [Redacted] dialed 911 to report the incident. [Redacted] provided me with a sworn written statement.					
	I then spoke with [Redacted]. His accounts of the incident mirrored what [Redacted] had told me. He advised me that he wished to press charges against Jennifer for battery. [Redacted] provided me with a sworn written statement.					
	I then spoke with [Redacted]. She advised that she witnessed the entire incident but did not want to provide a statement. She advised that she was not involved in the physical altercation.					
I then spoke with Jennifer. She had slurred speech and glassy eyes. As an act of spontaneous utterance, she said "I hit him because he was accusing me of drinking." At that time I placed Jennifer under arrest. She was handcuffed and the handcuffs were double locked and checked for proper fit in accordance with PBSO policy.						
Jennifer was advised of her Miranda Rights which I read to her from a PBSO issued Miranda Rights Card. She verbally acknowledged that she understood her rights and chose to provide me with a recorded sworn statement. This is a summary of the statement provided by Jennifer: She was the only one at the residence who was not drinking. Everyone at the residence was accusing her of drinking. She was very upset and at one point [Redacted] punched her on the right side of her face. She then punched him back in self-defense. Jennifer denied hitting [Redacted].						
D/S A. DeVito photographed [Redacted] Jennifer and [Redacted]. The photographs were entered in to PBSO Domestic Violence Database. I did not observe any signs of injury to the involved parties.						
Jennifer was charged with one count of Child Abuse pursuant to F.S.S 827.03(2)(c) and one count of Simple Battery pursuant to F.S.S. 784.03(1)(A)(1).						
Jennifer was transported to Palm Beach County Jail without incident.						
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S A. RAJA		SCANNED NOV 16 2017	
	(Signature of Arresting/Investigative Officer)					
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>15</u> day of <u>NOVEMBER</u> 20 <u>17</u> by <u>D/S A. DEVITO</u>					
(Print name of Arresting/Investigative Officer), who is personally known to me and who produced identification. Type of identification produced _____						
D/S A. DEVITO ID # 15330						
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)						

VICTIM NOTIFICATION FORM

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

- 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.

1. Incident Report #: 17152138 Agency: PBSO
Offense: CHILD ABUSE
Suspect/Offender: POSTON, JENNIFER, LYNN
D.O.B. 01/06/1981 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: _____, _____ D.O.B. 01/10/2002 Race: W Sex: F
Address: _____
City: _____
Home _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home _____ #: _____ 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 A. RAJA I.D.# 19470 Date: 11/15/2017

SUSPECT/OFFENDER:

POSTON, JENNIFER, LYNN

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

SCANNED

NOV 16 2017

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Suspect: POSTON, JENNIFER, LYNN DOB: 01/06/1981 Case #: 17152138

Victim: [REDACTED], [REDACTED] DOB: 01/10/2002 Race: W Sex: F

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: [REDACTED], [REDACTED]

Weapon Used: Yes No Type: HANDS

Witness: Yes No Name: [REDACTED]

Victim Pregnant: Yes No If yes, weeks months

Injuries: Yes No Description:

Medical Treatment: Yes No

 At Scene: Yes No Paramedics:

 At Hospital: Yes No Hospital: Physician:

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: DOB: / /

Name: DOB: / /

Name: DOB: / /

Injunction Yes No Case #:

No Contact Order Yes No Case #:

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: I HIT HIM

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: SHE'S IN THE KITCHEN

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: phone () -

Observations of Victim (Physical & Emotional):

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other

Victim Contact Information:

Local Address: [REDACTED]

Phone: Home [REDACTED] Work () - Cell () -

Employer: [REDACTED]

Name of Employer: [REDACTED]

Address: [REDACTED]

SCANNED
NOV 16 2017