

0498538

1068

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant 2 NTA 4 Request for Capias 1 JUVENILE

OBTS Number: Agency ORI Number: **0501700** Agency Name: **Jupiter Police Department** Agency Report Number (N.T.A.'s only): **5 | 4 | 18-002789**

Charge Type:  1 Felony  3 Misdemeanor  5 Ordinance  2 Traffic Felony  4 Traffic Misdemeanor  6 Other

Location of Arrest (Including Name of Business): **121 SEAGRAPE DR # 102 JUPITER FL 33458** Location of Offense (Business Name, Address): **121 SEAGRAPE DR 102, JUPITER, FL 33458**

Date of Arrest: **05/25/2018** Time of Arrest: **21:44** Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle:

Name (Last, First, Middle): **HOLZBERG, JOEL MARTIN** Alias: \_\_\_\_\_ Atlas (Name, DOB, Soc. Sec. #, Etc.): \_\_\_\_\_

Race:  W - White  I - American Indian  B - Black  O - Oriental/Asian Sex: **M** Date of Birth: **04/26/1942** Height: **5'10** Weight: **220** Eye Color: **Brown** Hair Color: **White** Complexion: **med** Build: **heavy**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): \_\_\_\_\_ Marital Status: **S** Religion: **Jewish** Indication of Alcohol Influence: Yes  No  Drug Influence: Yes  No  Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): **121 SEAGRAPE DR 102, JUPITER, FL 33458** Phone: **(561) 236-6007** Residence Type: 1 City 3 Florida 2 County 4 Out of State: **1 | 1**

Permanent Address (Street, Apt. Number) (City) (State) (Zip): **121 SEAGRAPE DR 102, JUPITER, FL 33458** Phone: **(561) 236-6007** Address Source: \_\_\_\_\_

Business Address (Name, Street) (City) (State) (Zip): \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

D/L Number, State: **H421433421460 / FL** INS Number: \_\_\_\_\_ Place of Birth (City, State): **Brooklyn N.Y.** Citizenship: **US**

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

Parent  Other \_\_\_\_\_ Name (Last, First, Middle) Residence Phone: \_\_\_\_\_

Legal Custodian \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address (Street, Apt. Number) (City) (State) (Zip): \_\_\_\_\_

Notified by (Name) Date Time JUVENILE DISPOSITION: 1 Handled/Processed within Department and Released 2 TOT JAC 3 Incarcerated

Released To (Name) Relationship 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 (Phone 855-2526) informed of any change of address.

Yes, by \_\_\_\_\_  No \_\_\_\_\_

Property Chms?  Yes  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 Disperses/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 Synthetic, U Unknown, Z Other

Charge Description: **BATTERY-SIMPLE (TOUCH OR STRIKE) (domestic)** Statute Violation Number: **784.03(1)(A)(1)** Violation of ORD #: \_\_\_\_\_

Drug Activity: **N** Drug Type: **N** Amount / Unit: **/** Offense #: \_\_\_\_\_ Counts: **1** Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: **None**

Charge Description: \_\_\_\_\_ Statute Violation Number: \_\_\_\_\_ Violation of ORD #: \_\_\_\_\_

Drug Activity: \_\_\_\_\_ Drug Type: \_\_\_\_\_ Amount / Unit: \_\_\_\_\_ Offense #: \_\_\_\_\_ Counts: \_\_\_\_\_ Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Charge Description: \_\_\_\_\_ Statute Violation Number: \_\_\_\_\_ Violation of ORD #: \_\_\_\_\_

Drug Activity: \_\_\_\_\_ Drug Type: \_\_\_\_\_ Amount / Unit: \_\_\_\_\_ Offense #: \_\_\_\_\_ Counts: \_\_\_\_\_ Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Health / Apparent Physical Condition of Defendant: \_\_\_\_\_ Any knowledge of the following:  Mental  Escape Risk  Medication  Deformities  Injuries Explain: \_\_\_\_\_

Check which applies:  Released O.R.  Released to Parent/Guardian  TOT County Jail  PROPERTY - Received By \_\_\_\_\_ Released By: \_\_\_\_\_ Released To: \_\_\_\_\_

Posted Bond  South County Mental Health

Transported By: \_\_\_\_\_ Date Transported: \_\_\_\_\_ Time Transported: \_\_\_\_\_ Other: \_\_\_\_\_

INSTRUCTION NO. 1 - Mandatory appearance in court  
 INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): \_\_\_\_\_ Court Date and Time: \_\_\_\_\_

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: \_\_\_\_\_

No Photo Available

HOLD for Other Agency: \_\_\_\_\_ Signature of Arresting Officer: **Jeffrey Turner** 21/1058 I.D.# \_\_\_\_\_ Name Verification (Printed by Arrestee): \_\_\_\_\_

Dangerous  Released Arrest  Suicidal  Other \_\_\_\_\_ Name of Arresting Officer (Print): **TURNER, JEFFREY** I.D.# **1098** (PRINT) \_\_\_\_\_

Signature of Transporting Officer: **J Turner** I.D.# **321** Agency: **Jupiter** \_\_\_\_\_

Witness here if subject signed with an "X" \_\_\_\_\_

PAGE 1 OF 1

SCANNED  
MAY 25 12:27 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time <b>05/25/2018 23:05</b>		Agency ORI Number <b>FL 0501700</b>			Agency Name <b>JUPITER POLICE DEPARTMENT</b>			Agency Report Number <b>5   4   18-002789</b>		
	Name (Last, First, Middle) <b>HOLZBERG, JOEL MARTIN</b>						Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/26/1942</b>	
CRIME	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>										
	Victim's Name (Last, First, Middle) <b>CORSO, LESLIE ANN</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/02/1947</b>		
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>121 SEAGRAPE DR 102, JUPITER, FL 33458</b>					Phone <b>(561) 727-6985</b>		Address Source			
	Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation			
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>CALM</b>								
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>DATING/COHABIT</b>											
ADDITIONAL INFORMATION	PHOTOGRAPHS:		Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>						
			Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
			911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: Neighbor					
			WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:					
			WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)					
			INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
			MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
			AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:					
			Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:					
			ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:					
		H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
		VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
		VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:						
		PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
		ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
NARR	On Friday, May 25, 2018 at about 9:23pm, I responded to 121 Seagrape Dr. in reference to a report of a domestic disturbance. The caller Brian stated he heard a male and female yelling and cursing at 121 Seagrape Dr. from one of the first floor apartments. Brian thought the male and female sounded intoxicated.										
	STATE OF FLORIDA COUNTY OF PALM BEACH <i>By J. Turner</i> Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  <i>[Signature]</i> 321/1098 SIGNATURE OF ARRESTING OFFICER  Sworn to and subscribed to before me this <u>25<sup>th</sup></u> day of <u>May</u> , 2018. <i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)										

CERTIFIED COPY

**SCANNED**  
**MAY 27 2018**

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>05/25/2018 23:05</b>	Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   18-002789</b>
	N A R R A T I V E			

Upon arrival, I made contact with W/F Leslie A. Corso (09-02-47) and W/F Annie Zebert (04-15-82) standing outside in front of 121 Seagrape Dr. Corso said she was fighting with her boyfriend, W/M Joel M. Holzberg (04-16-42). I asked Corso if the fight was verbal only or if it became physical. Corso said it was verbal only. I did not notice any injuries on Corso at this time, as she said the fight was only verbal and the lighting was poor. Corso's speech sounded like she was intoxicated.

I had Corso wait outside of the residence and then went inside to speak with Holzberg. I called out to Holzberg, who was upstairs at the time. Holzberg walked down and we spoke. Holzberg said he and Corso were in a "heavy discussion" because they both had been drinking too much. I asked Holzberg if they had resolved their dispute, and Holzberg said Corso was going to leave the apartment with her daughter, who was on her way to the apartment.

I walked back outside to speak to Corso, and was told she had an injury I had not seen at first on the top of her right hand. The top of Corso's right hand was bleeding, and there was also a mark on Corso's left wrist. I asked Corso how she sustained those injuries. Corso said Holzberg hit her, then said Holzberg actually grabbed him, trying to prevent her from leaving. Eventually Corso said Holzberg had grabbed her while she was sitting on the couch, because he was angry at her. Corso said Holzberg was chasing after her around the living room following him grabbing her. Corso said she ran out onto the front patio, while Holzberg stayed in the residence.

I walked back into the residence and noticed a few drops of fresh blood on the coffee table next to the couch in the living room. I walked back towards Holzberg, and mentioned to Officer Schneider (330) who was standing next to him how I had just noticed Corso's injuries. Holzberg said he was trying to get Corso to come back into the house.

I advised Holzberg of his Miranda warnings, and he said he understood them. I asked Holzberg what had happened near the area of the couch with Corso. Holzberg said he could not exactly say what had happened. Holzberg said he was not aware of Corso having an injury. Holzberg said again he and Corso were in a verbal argument with Corso in the living room area. Holzberg said he was not injured. I showed Holzberg the blood on the coffee table in the living room and asked how he thought it had gotten there. I asked Holzberg if he was grabbed Corso out of anger or if he was trying to protect Corso from hurting herself. Holzberg could not answer either way.

Based upon the statement and injuries to Corso, finding the blood on the coffee table next to the couch, and Holzberg's statement, probable cause was established that Holzberg committed Simple Battery by touching or Striking Corso against her will, contrary to Florida Statute 784.03(1)(a)(1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, Off. J. Turner personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] 32/1098  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 25<sup>th</sup> day of May, 2018.

[Signature] 349  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

**SCANNED**  
**MAY 27 2018**

# 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
- Dating Violence

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

1. Incident Report #: 18-002789 Agency: Jupiter Police Department  
Offense: Battery (Domestic)  
Suspect/Offender: Joel Holzberg  
D.O.B. 04/26/42 Race: W Sex: M
2. Warrant #(s): N/A
- 3a. Victim's Name: Leslie A. Corso D.O.B. 09/02/47 Race: W Sex: F  
Address: 121 Seagrape Dr. Apartment 102  
City: Jupiter State: FL ZIP: 33458  
Home #: N/A Work #: N/A Other: 561-727-6985
- 3b. Victim's Next of Kin, Friend or Neighbor: Annie Zebert  
Address: 121 Seagrape Dr. Apartment 201  
City: Jupiter State: FL ZIP: 33458  
Home #: N/A Work #: N/A Other: 561-221-7571

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 assault, battery, stalking, child abuse, harassment or domestic violence cases).

SCANNED  
MAY 27 2018

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: J. Turner I.D. # 321/1098 Date: 05/25/18



**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"/>	(viii) 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018017598	Date: 05/27/2018
	Specialist Name/ID: howardt/7185

**SCANNED**  
**MAY 27 2018**