

0312004

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report
 1. Arrest  
 2. N.T.A.  
 3. Request for Warrant  
 4. Request for Capias
3147  
Juvenile

ADMINISTRATIVE	OBTS Number			Agency ORI Number			Agency Name			Agency Report Number (N.T.A.'s only)			2	
	FLO 500000			PALM BEACH COUNTY SHERIFF'S OFFICE			06-17-111206			Weapon Seized / Type		Multiple Clearance Indicator		
ChargeType: Check as many as apply			<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		1			
Location of Arrest (Including Name of Business) 12221 169TH CT N. JUPITER, FL 33458.				Location of Offense (Business Name, Address) 12221 169TH CT N. JUPITER, FL 33458,										
Date of Arrest 08/05/2017		Time of Arrest 1630		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
Name (Last, First, Middle) <b>GATES, JONATHON, C</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W F		Date of Birth 07/17/1985	Height 6'0"	Weight 200	Eye Color BRN	Hair Color BLK	Complexion MED	Build MED				
Scars, Marks, Unique Physical Features (Location, Type, Description)												Marital Status Single	Religion	Indication of: Y N Alcohol Influence Drug Influence
Local Address (Street, Apt. Number) 12221 169TH CT N. JUPITER, FL 33458,												Phone (561) 608.4000	Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) ,												Phone ( )	Address Source Work	
Business Address (Name, Street)												Phone ( )	Occupation NONE	
D/L Number, State G-320-423-85-257-0			Soc. Sec. Number			INS Number			Place of Birth (City, State) BEVERLY, MA		Citizenship USA			
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		
Parent Name (Last) (First) (Middle)												Residence Phone ( )		
Legal Custodian														
Other														
Address (Street, Apt. Number)						(City)	(State)	(Zip)	Business Phone ( )					
Notified by: (Name)						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 <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		
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 Description <b>SIMPLE BATTERY (DOMESTIC)</b>											Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Counts			Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1)(A)(1)</b>	Violation of ORD #					
	Offense # <b>17-111206</b>	Warrant / Capias Number			Bond									
CHARGE	Drug Activity	Drug Type	Amount / Unit	Counts			Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #					
	Offense #	Warrant / Capias Number			Bond									
CHARGE	Drug Activity	Drug Type	Amount / Unit	Counts			Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #					
	Offense #	Warrant / Capias Number			Bond									
CHARGE	Drug Activity	Drug Type	Amount / Unit	Counts			Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #					
	Offense #	Warrant / Capias Number			Bond									
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB RD WPB, FL 33406</b>													
	Court Date and Time Month <b>AUGUST</b> Day <b>29TH</b> Year <b>2017</b> Time <b>0830</b> AM <b>08/05/2017</b> PM <b>08/05/2017</b>													
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														
HOLD for other Agency Name <i>83-19</i>				Signature of Arresting Officer <i>x</i>				Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake Detain				Resisted Arrest <input type="checkbox"/> Other  Name of Arresting Officer (Print) <b>D/B/S. DEVRIEND 7056</b>				ID #  (PRINT)						
								<b>SCANNED</b>						
								Witness here if subject signed with an <input type="checkbox"/> <b>AUG 06 2017</b>						
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JENSON LD - DEFENDANT (N.T.A.'s ONLY)														
PBSO 1148 REV. 8/07														

## PROBABLE CAUSE AFFIDAVIT

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

Juvenile

2

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT				Agency Report Number	2			
DEF	Agency ORI Number	Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE				06- 17-111206	Juvenile		
CHARGES	Charge Type: Check as many as apply.	1. Felony <input type="checkbox"/>	3. Misdemeanor <input checked="" type="checkbox"/>	5. Ordinance <input type="checkbox"/>	6. Other <input type="checkbox"/>	Special Notes:				
VICTIM	Name (Last, First, Middle)	Alias			Race	Sex	Date of Birth			
	GATES, JONATHON, C				W	F	07/17/1985			
	Charge Description SIMPLE BATTERY (DOMESTIC)	784.03(1)(A)(1)			Charge Description					
	Charge Description				Charge Description					
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Race	Sex	Date of Birth			
					W	F	04/05/1960			
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Address Source VERBAL				
					( )	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 \_\_\_\_\_

confessed to \_\_\_\_\_ admitting to the below facts.

that he/she saw the arrested person commit the below acts.

was found to have committed the below acts, resulting from my (described) investigation.

On the 5TH day of AUGUST 2017 at 1630  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

On August 5, 2017 I was dispatched to [REDACTED] in reference to a domestic dispute. Upon arrival I made contact with the complainant [REDACTED] advised that her adult son, Jonathan Gates were in a verbal argument and during the argument shes took his medication and clippers and tossed them on his bed. Jonathan picked them up and threw them at her, hitting her with the clippers and medication in the back. She stated the clippers pounced off her and broke the TV. There was no signs of injuries to [REDACTED] She stated tore up her house there was obvious signs of damage all over the house. I spoke with Jonathan he stated he did throw the medication bottle however he did not mean to hit her. [REDACTED] stated that she was in the freezer at which time Jonathon kicked the freezer door and it hit her with it. There was a footprint on the freezer door. [REDACTED] stated that Jonathan had been threatening her for sometime now and the only reason he she was allowing him to stay was financial reasons. She stated he was helping her pay the rent and that she was one payment away from losing her house. [REDACTED] stated this is an ongoing issue with the verbal abuse however the physical abuse started today. She stated that he has a drug problem and she believes that he is bipolar. [REDACTED] completed a sworn written statement Mr. Gate was placed under arrest and transported to the jail for domestic violence.

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S S. DEVRIEND 70<sup>4</sup>

(Signature of Arresting/Investigative Officer)

5TH day of AUGUST 2017 by D/S S. DEVRIEND  
The foregoing instrument was sworn to or affirmed and subscribed before me this \_\_\_\_\_

17

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

PERSONLLY KNOWN

Taylor C594  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED

PAGE  
1 OF 1

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

**GATES, JONATHON, C**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

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)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

- **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 #: 17-111206 Agency: PBSO

Offense: SIMPLE BATTERY (DOMESTIC)

Suspect/Offender: GATES, JONATHON, C

D.O.B. 07/17/1985 Race: W Sex: M

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: \_\_\_\_\_ D.O.B. 04/05/1960 Race: W Sex: F

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: 0 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: 0 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: \_\_\_\_\_

**SCANNED**

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

**AUG 06 2017**

Deputy's Name: D/S S. DEVRRIEND I.D.# \_\_\_\_\_ Date: 08/05/2017  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

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

Suspect: GATES, JONATHON, C DOB: 07/17/1985 Case #: 17-111206

Victim: ██████████ DOB: 04/05/1960 Race: W Sex: F

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Victim <input checked="" type="radio"/> Yes	<input type="radio"/> No	Defendant <input type="radio"/> Yes	<input checked="" type="radio"/> No
911 Call:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Caller: _____			
Weapon Used:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Type: _____			
Witness:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Name: _____			
Victim Pregnant:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, _____ weeks _____ months			
Injuries:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Description: _____			
Medical Treatment:	<input type="radio"/> Yes	<input checked="" type="radio"/> No				
At Scene:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Paramedics: _____			
At Hospital:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Hospital: _____ Physician: _____			

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

Name: rene 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: \_\_\_\_\_

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

First words Victim said when you responded to scene: \_\_\_\_\_

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

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other \_\_\_\_\_

Victim Contact Information:

Local Address: ██████████

Phone: Home (██████████) Work (  ) -    Cell (  ) -   

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone (██████████)

Address: \_\_\_\_\_