

0312004

3147

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

2

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17-111206</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		Weapon Seized / Type 2 1. Yes 2 No		Multiple Clearance Indicator 1			
	Location of Arrest (Including Name of Business) <b>12221 169TH CT N. JUPITER, FL 33458,</b>				Location of Offense (Business Name, Address) <b>12221 169TH CT N. JUPITER, FL 33458,</b>			
	Date of Arrest <b>08/05/2017</b>		Time of Arrest <b>1630</b>		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) <b>GATES, JONATHON, C</b>							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth <b>07/17/1985</b>		Height <b>6'0"</b>	
	Weight <b>200</b>		Eye Color <b>BRN</b>		Hair Color <b>BLK</b>		Complexion <b>MED</b>	
CO-DEF	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							
	Marital Status <b>Single</b>		Religion		Indication of: Alcohol Influence Drug Influence		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>12221 169TH CT N. JUPITER, FL 33458,</b>				Phone <b>(561) 608.4000</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 <b>Internet</b>	
JUVENILE	Business Address (Name, Street) (City) (State) (Zip)				Phone ( )		Occupation <b>NONE</b>	
	D/L Number, State <b>G-320-423-85-257-0</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>BEVERLY, MA</b>	
	Citizenship <b>USA</b>							
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
NOTICE TO APPEAR	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Parent Legal Custodian 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 within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
CHARGE	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	
CHARGE	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>CHARGE 1: SIMPLE BATTERY (DOMESTIC)</b>		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1)(A)(1)</b>	
	Drug Activity		Drug Type		Amount / Unit		Offense # <b>17-111206</b>	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
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	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
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>PM</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) <b>[Signature]</b> Date Signed <b>08/05/2017</b>							
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>[Signature]</b>			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake Dept		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>D/S S. DE VRIEND 7056</b>		ID # <b>6594</b>	
	Pouch # <b>8316</b>		Transporting Officer <b>TAYLOR</b>		Agency <b>PBSO</b>		Witness here if subject signed with an <b>X</b>	
	DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY	

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		2		Juvenile			
ADMIN	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 17-111206</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		Special Notes.				
DEE	Name (Last, First, Middle) <b>GATES, JONATHON, C</b>					Alias		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>07/17/1985</b>	
CHARGES	Charge Description <b>SIMPLE BATTERY (DOMESTIC)</b>					784.03(1)(A)(I)		Charge Description					
	Charge Description							Charge Description					
VICTIM	Name (Last, First, Middle)					Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>04/05/1960</b>			
	Local Address (Street, Apt. Number)					(City)		(State)		(zip)		Address Source <b>VERBAL</b>	
	Business Address (Name, Street)					(City)		(State)		(zip)		Phone ( )	
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 <b>5TH</b> day of <b>AUGUST</b> 20 <b>17</b> at <b>1630</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)												
ADMINISTRATIVE	<p>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.</p>												
	STATE OF FLORIDA COUNTY OF PALM BEACH  D/S S. DEVRIEND 705 (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this <b>5TH</b> day of <b>AUGUST</b> 20 <b>17</b> by <b>D/S S. DEVRIEND</b> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>PERSONLLY KNOWN</b>  Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <b>Taylor C594</b>  <b>SCANNED</b> <b>AUG 06 2017</b>												

# VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)

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

- **Attempted Murder**

- **Attempted Sexual Offense**

- **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.)

**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: \_\_\_\_\_

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

Deputy's Name: **D/S S. DEVRIEND**

I.D.# \_\_\_\_\_

Date: 08/05/2017

SUSPECT/OFFENDER:

**GATES, JONATHON, C**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

SCANNED

AUG 06 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: GATES, JONATHON, C DOB: 07/17/1985 Case #: 17-111206

Victim: [REDACTED] DOB: 04/05/1960 Race: W Sex: F

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

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant Yes ☒ No

911 Call: Yes ☒ No ☐ Caller: \_\_\_\_\_

Weapon Used: Yes ☒ No ☐ Type: \_\_\_\_\_

Witness: Yes ☒ No ☐ Name: \_\_\_\_\_

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: none 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: [REDACTED]

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

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

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

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