

J# 0475211

PLH-11007

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

OBTS Number	Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 1 1 8 1 0 0 0 5 9	
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	If Weapon Seized Enter Type	Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 2803 Sarcents PL PBG, FL			Location of Offense (Business Name, Address) 2803 Sarcents PL Apt 101, PBG FL			
Date of arrest 012618	Time of Arrest 0115	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Dolens Joseph C		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black	Sex M	Date of Birth 011804	Height 5'10"	Weight 185	Eye Color BLU	Hair Color GRY	Complexion Fair	Build Normal
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Right quadricap			Marital Status Single	Religion Catholic	Indication of: Alcohol Influence Drug Influence			
Local Address (Street, Apt. Number) 2803 Sarcents PL Apt. 101 PBG		(City) PBG	(State) FL	(Zip) 33410	Phone (860) 365-7239	Residence Type: 1. City 2. County 3. Florida 4. Out of State		1
Permanent Address (Street, Apt. Number) 2803 Sarcents PL Apt. 101 PBG		(City) PBG	(State) FL	(Zip) 33410	Phone (860) 365-7239	Address Source Joseph Dolens		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Property Management		
D/L Number, State 134282630, CT		INS Number		Place of Birth (City, State) New York, New York		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

Parent Legal Custodian 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
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended
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 F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description BATTERY		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784103		Violation of ORD # 1A1		Warrant / Capias Number		
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				
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				

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address)
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and Time Month Day Year Time P.M.

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: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Signature of Arresting Officer X [Signature] 484
Intake Deputy Spann 8161	Name of Arresting Officer (Print) Joy 484
I.D.# 1054	I.D.# 484
Pouch # 1054	Agency PBG
Witness here if subject signed with me	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

Leskow

SCANNED

JAN 26 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/26/2018 00:47	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 18-000559			
	Name (Last, First, Middle) DOLENS, JOSEPH C				Alias	Race W	Sex M	Date of Birth 01/18/1964
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) FOLEY, ERICA LYNNE				Race W	Sex F	Date of Birth 03/12/1990	
V I C T I M	Local Address (Street, Apt. Number) 2803 SARENTO PL 101, PALM BEACH GARDENS, FL 33410			(City)	(State)	(Zip)	Phone (860) 904-0792	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"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): RED FACE, SHAKING, CRYING
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
BOYFRIEND

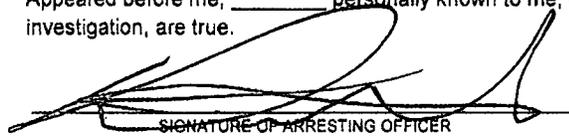
PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
	Victim:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
	911 CALL:	<input checked="" type="checkbox"/>		<input type="checkbox"/>	CALLER: CHRISTINE SULLIVAN
	WEAPON USED:	<input type="checkbox"/>		<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"/>	

On January 26th, 2018 at approximately 0047 hours I, Officer David Joy, was dispatched to 2803 Sarento Place Apartment 101, Palm Beach Gardens Fl in reference to a domestic battery.

Upon my arrival I made contact with Erica Foley who advised me of the following:

STATE OF FLORIDA
COUNTY OF PALM BEACH

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


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 26 day of January, 2018.


NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 01/26/2018 00:47	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 18-000559
	Agency ORI Number FL 0502600		

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On 01/26/18 she was sleeping on the couch in the living room of her shared apartment with her boyfriend Joseph Dolen. Foley and Dolen had previously had a verbal altercation on 01/25/18 and she had separated herself from him by sleeping on the couch. Foley stated she was awoken by Dolen who accused her of hiding alcohol in the house and insisted he tell her where it was located. Foley stated that she sat up from the couch and told Dolen that she didn't know what he was talking about. She says that Dolen became angry and grabbed her by her hair and struck her seven to eight times in the back of the head while she was still seated and then both parties separated. Foley was visibly upset when I arrived and was crying throughout my investigation. Foley stated that the back of her head was hurting and she began removing loose hair from her head that had been loosen during the altercation. Foley was offered emergency medical services and refused.

I also spoke with the original complainant Christine Sullivan (sister of Joseph Dolen) who also resides at the same residence. Sullivan stated that she heard Foley and Dolen arguing and stated she heard Dolen ask where the alcohol was. Sullivan also reported hearing Foley tell Dolen to stop hitting her multiple times. Sullivan was in her room and never visually saw the altercation. Sullivan then called law enforcement to report the domestic battery.

I then met with Joseph Dolen and read him his Miranda rights. I asked Dolen if he understood his rights and wished to speak with me. Dolen acknowledged that he understood his rights and wished to speak. Dolen stated the following:

He woke up 01/26/18 and confronted Foley about where she had put the alcohol. He stated that they argued verbally about where the alcohol was but at no point did the argument get physical. Dolen stated that Foley had a drinking issue and that he was trying to take the alcohol from her.

In the conclusion of my investigation I find that Joseph Dolen did actually and intentionally touch or strike Erica Foley against her will contrary to F.S.S 784.03(1).

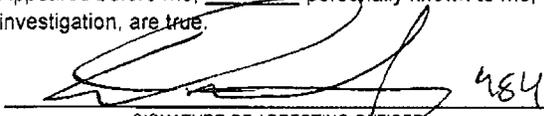
Joseph Dolen was subsequently placed under arrest and transported to the Palm Beach County Jail without incident.

This Officer utilized a department issued body worn camera during this investigation. The recorded footage has had key moments bookmarked on evidence.com.

No further information.

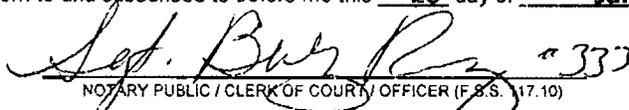
STATE OF FLORIDA
COUNTY OF PALM BEACH

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



SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 26 day of January, 2018.



NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 18-000559 Agency: PBGPD
 Offense: 31 BATTERY
 Suspect/Offender: Joseph C. Dolens
 D.O.B. 1/18/64 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Erica Lynn Foley
 Address: 2803 SARENTO PL Apt 101
 City: PBGA State: FL Zip: 33410
 Home #: 860 904-0792 Work #: _____ Other: _____

b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
 Printed name of person waiving notification: _____

Officer's Name: J. Sanchez I.D.: 473 Date: 1/26/19

White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #: _____
 (FOR WARRANTS USE ONLY)