0440359 1435 18MM13297

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400
Agency Name: Delray Beach Police Department
Agency Report Number (N.T.A.'s only): 40 18-017345

Charge Type: Check as many as apply. ☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other
If Weapon Seized, Enter Type: Hands/fist/feet/teeth
Multiple Clearance Indicator: 2

Location of Arrest (Including Name of Business): 1215 S DRIVE WAY DELRAY BEACH, FL
Location of Offense (Business Name, Address): 1215 S DRIVE WAY B, DELRAY BEACH, FL 33445

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/19/2018	21:41	11/19/2018	21:51			

DEFENDANT

Name (Last, First, Middle): HERSHORN, JULIA
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/12/1959	5'03	110	BLUE	BLOND OR	FAIR	SMALL

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion:
Indication of: Alcohol Influence ☐ Yes ☒ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 1215 S DRIVE WAY B, DELRAY BEACH, FL 33445
Phone: (561) 293-0992
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1215 S DRIVE WAY B, DELRAY BEACH, FL 33445
Phone: (561) 293-0992
Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip): SELF EMPLOYED,
Phone:
Occupation: Math Tutor

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H626420595120 / FL	[redacted]		BROOKLYN, NY,	

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
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 Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship Date Time

VICTIM NOTIFICATION REQUIRED

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 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended | Grade

Property Crime? ☐ Yes ☒ 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. 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

Charge Description	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY(TOUCH OR STRIKE)	784.03(1A1)	NONE

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
	N	/		1	☐ Y ☒ N	

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
RESIST/OBSTRUCT OFFICER W/O VIOLENCE	843.02	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

INTAKE

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 ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By: PHILIPPE, BENDJY
Date Transported: 11/19/2018 Time Transported: 21:56 Other

NOTICE TO APPEAR

☒ 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): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 12/6/18 08:30



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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy I.D. # Pouch #

Signature of Arresting Officer
Name of Arresting Officer (Print): PHILIPPE, BENDJY I.D. #: 1138
Transporting Officer: PHILIPPE, BENDJY I.D. #: 1138 Agency: DBPD

Name Verification (Printed by Arrestee) (PRINT)
Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.T.O. ☐ DEFENDANT

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
11/19/2018 22:00	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 18-017345

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HERSHORN, JULIA		W	F	01/12/1959

CHRG

Charge Description: 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
WAX, STUART I	W	M	06/23/1961

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
1215 S DRIVE WAY B, DELRAY BEACH, FL 33445	(561) 503-7726	

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

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☐	☒
VICTIM'S STATEMENTS:	☐	☐	☒

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM

RELATIONSHIP BETWEEN VICTIM & SUSPECT: DATING

ADDITIONAL INFORMATION

	YES	NO	
PHOTOGRAPHS: Scene:	☒	☐	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER:
WEAPON USED:	☒	☐	TYPE: HANDS
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☐	☒	
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☒	☐	PARAMEDICS: FD
Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☒	☐	
ALCOHOL OR DRUGS INVOLVED:	☒	☐	

NARR

See next page.

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 19 day of November, 2018.

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

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
11/19/2018 22:00		
Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 | 0 | 18-017345

NARRATIVE

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.

On November 19, 2018, at approximately 2008 hours I responded to 1215 S Drive Way Unit B in reference to a domestic battery. Upon arrival I observed Officer Mohamed talking to, Stuart Wax and the defendant, Julia Hershon was standing outside the residence.

I made contact with Hershon who was crying and upset. I observed red bruising which appeared old on both of Hershon`s forearms. Hershon stated that she and her boyfriend, Wax were arguing over not caring for each other. Hershon and Wax have been dating for over ten months and lived together as a family. Hershon stated that she told Wax that she was leaving him, and Wax slapped her with the palm of his hands. Hershon further stated that she tried to leave the house, but Wax grabbed her forearms which caused her forearm to be bruised. Hershon later changed her statement, stating that the bruising on her forearm was from a prior incident and that Wax did not cause them. Hershon has sensitive skin and bruises very easily.

I made contact with Wax. Wax stated that Hershon was drinking and stumbling around the house. She went to grab a bowl in the kitchen, and she dropped it, causing it to break. He tried to help her clean it up from the floor, but she refused his assistance. Wax stated that Hershon was upset and went to lie on the couch in the living room. He followed her to comfort her, and they began to argue. Wax stated that Hershon said that she was leaving him and starting to hit him and slapped him. Upon arrival, Officer Mohammed noticed redness on the left side of Wax`s face which was redder than the right side of his face. Wax stated that she repeatedly told Hershon to stop hitting him, but she refused to do so. Wax further stated that he slapped Wax in self-defense to have her stop hitting him.

Based on my investigation it was determined that Hershon was the primary aggressor and was placed under arrest. Hershon was upset and did not want to be escorted back to my marked patrol vehicle. When we got next to the vehicle, Hershon did not want to go inside the vehicle, stating" I don`t want to sit….do what you have to do, carry me." I asked her several more times to have a seat in the vehicle, but she refused every time. Officer Mohammad and I then grabbed her on her arms and legs to pick her up to place her inside the vehicle as she was not responding to our commands.

Based upon to the above, Probable Cause exist to charge Julia Hershon with simple battery, pursuant to FSS 784.03(1A1) and resist W/O violence, pursuant to FSS 843.02.

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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 19 day of November, 2018.

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

COURT | STATE ATTORNEY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | P. I. O.

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **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.

SUSPECT/OFFENDER:_____

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

1. Incident Report #: 18-17345 Agency: Delray Beach
   Offense: Simple battery Domestic
   Suspect/Offender: Hershorn, Julia
   D.O.B. 1/12/59 Race: W Sex: F

2. Warrant #(s):_____

3. Complete one (1) of the following:

   a. Victim's name: Wax, Stuart
      Address: 1215 S Drive Way
      City: Delray Beach State: FL Zip: 33445
      Home #:_____ Work #: 561-503-7726 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 : B. Philippe 1138 I.D.: 1138 Date: 11/19/18

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	539.001, F.S., 539.003, F.S.	Other: Pawn Broker Information	
	☐	943.031(2)	Other: Names of Gangs Criminal Activity	

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REVIEW COMPLETED BY

Booking Number: 2018038688	**Date:** 11/20/2018
	Specialist Name/ID: M. Tooks #8557