

039253)

Server Errd

3908

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17096961
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor		If Weapon Seized Enter Type	
		Multiple Clearance Indicator 0 1	
Location of Arrest (Including Name of Business) 3402 Lakeville Circle West Palm Beach, FL 33411			
Date of Arrest Jun 30, 2017	Time of Arrest 2054	Booking Date	Booking Time
Jail Date		Jail Time	
Location of Vehicle			
Name (Last, First, Middle) Lopez-Angulano			
Julio Cesar			
Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 10/22/87	Height 5'05" Weight 210 Eye Color Brown Hair Color Brown Complexion Medium Build Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A			
Marital Status Married		Religion Jahova	
Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Residence Type 1. City 3. Florida 2. County 4. Out of State	
Local Address (Street, Apt. Number) 4406 Country Grove Blvd West Palm Beach, FL 33406 561-693-9081			
Permanent Address (Street, Apt. Number) SAME AS LOCAL			
Business Address (Street, Apt. Number)			
D/L Number, State L125423873820		Social Security Number [REDACTED]	INS Number
		Place of Birth Mexico City, Mexico	Citizenship Mexican
Co-Defendant Name (Last, First, Middle)			
Race		Sex	Date of Birth
			<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large
Co-Defendant Name (Last, First, Middle)			
Race		Sex	Date of Birth
			<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large
Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
Name (Last, First, Middle)			
Phone			
Address (Street, Apt. No.)			
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 was provided by <input type="checkbox"/> defendant and/or <input checked="" type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			
School Attended			
Grade			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
		Value of Property	
Drug Activity S. Sell R. Smuggle K. Dispense/ N. NA B. Buy D. Deliver M. Manufacture/ P. Possess T. Traffic E. Use Z. Other			
Drug Type B. Barbiturate H. Hallucinogen N. N/A C. Cocaine M. Marijuana A. Amphetamine E. Heroin P. Phenothiazine/ Equipment U. Unknown Z. Other			
Charge Description Domestic Battery		Counts 01	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
		Statute Violation Number 784.03(1)(a)(1)	Violation or ORD. #
Drug Activity N	Drug Type N	Amount/Unit	Offense # 17096961
		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description		Statute Violation Number	Violation or ORD. #
Drug Activity	Drug Type	Amount/Unit	Offense #
		Counts	Warrant/Capias Number
Charge Description		Statute Violation Number	Violation or ORD. #
Drug Activity	Drug Type	Amount/Unit	Offense #
		Warrant/Capias Number	Bond
Charge Description		Statute Violation Number	Violation or ORD. #
Drug Activity	Drug Type	Amount/Unit	Offense #
		Warrant/Capias Number	Bond
Location (Court, Address, Room Number)			
Court Date and Time			
Month	Day	Year	Time
AM <input type="checkbox"/> PM <input type="checkbox"/>			
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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		Signature of Arresting Officer	
Name		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		(PRINT)	
Intake Deputy D/S J. BENNETT #8349		Transporting Officer Derby 1661 PB50	
		Page 1 of 1	
Witness here if subject signed with an "X"			

OBTIS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17096961		
Charge Type Check as many as apply	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____	Special Notes			
Defendant Name (Last, First, Middle) Lopez-Anguiano	Julio	Cesar	Race W	Sex M	Date of Birth 10/22/87
Charge Domestic Battery	Charge				
Charge	Charge				
Victim Name (Last, First, Middle) Campos	Jocelyn	Race W	Sex F	Date of Birth 6/21/99	
Local Address (Street, Apt. Number) 4406 Country Grove Blvd	City West Palm Beach	State FL	Zip 33406	Phone 561-906-0615	Address Source Verbal
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
The undersigned 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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.		
<input type="checkbox"/> confessed to admitting to the below facts.			<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.		
On the <u>30th</u> day of <u>June</u> 20 <u>17</u> at <u>03:00</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM				

On 6/30/17 around 1815 hours, I responded to the PBSO headquarters lobby in reference to a delayed domestic battery incident originating from 4406 Country Grove Blvd in unincorporated West Palm Beach, Palm Beach County Florida 33406.

Upon my arrival, I met with Jocelyn Campos, who verbally identified herself. Jocelyn told me the following: in the early morning hours of 6/30/17, she got home from work and went to sleep in the bed with her mother (Lizabeth Campos), stepfather (Julio Lopez Anguiano), and sister (Jackelyn Lopez). Jocelyn slept at the foot of the bed facing away from the headboard, as the other three slept with their feet towards Jocelyn's back. Around 0300 hours, Jocelyn woke up to Julio rubbing her back with his feet. He then grabbed her hand, and placed it over his boxer shorts, forcing her to touch his erect penis against her will. She pulled her hand away, and waited for him to fall asleep before she left the bedroom and went into her bedroom.

As I spoke to Jocelyn, I observed she was visibly upset and fearful. She took several pauses to regain her composure. She was emotional, and paused at times to cry as she told me what happened. She appeared sincere and candid as she told me what happened. Jocelyn gave me a sworn written statement about what happened.

I relocated to 3402 Lakeville Circle, and met with Julio, who identified himself via his Florida Driver's License. Julio agreed to speak to me while standing in front of my patrol car with his actions video and audio recorded. I read Julio his miranda rights from a PBSO issued miranda card. Julio signed the card and gave me verbal confirmation that he understood his rights. Post miranda, Julio initially denied touching Jocelyn. When interviewed further, Julio agreed to be completely honest with me, and he admitted that he grabbed Jocelyn's hand, and placed it on his penis while the two were in bed together. Julio told me it was a one time mistake and seemed apologetic for his actions.

Based on my investigation I found Julio Lopez-Anguiano to be in violation of FSS 784.03(1)(a)(1) Domestic Battery.

The foregoing instrument was sworn to and affirmed before me this <u>30th</u> day of <u>June</u> 20 <u>17</u> by:	<u>D/S J. Derby</u>	<u>16611</u>
<u>Sgt. B. Thomas</u> <u>ID 6492</u>		
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer	
<u>B. J. Derby</u>		
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer	
Page <u>1</u> of <u>1</u>		

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

Defendant: Lopez-Anguiano Julio Cesar DOB: 10/22/87 Case #: 17096961
 Victim: Campos Jocelyn DOB: 6/21/99 Race: W Sex: F
 Relationship between Victim and Defendant: Child and Stepfather

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 the home? Yes No DCF Notified? Yes No
 Name: Jackelyn Lopez DOB 3/23/11
 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: see recording

Victim's statements Yes No If yes, written recorded oral
 First words Victim said when you responded to scene: See report

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?
 Yes No If yes, name: Lizabeth Campos phone 561-248-9396

Observations of Victim (Physical & Emotional): Upset and fearful

Upset Crying Fearful Hysterical Afraid Calm Nervous
 Complained of pain Other _____

Victim contact information:

4406 Country Grove Blvd

Local Address: West Palm Beach FL 33406

Phone: Home: 561-906-0615 Work: Publix Cell: _____
 Employer: Lizabeth Campos Phone: 561-248-9396
 Name of Relative: _____