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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 18098289				
	Charge Type: Check as many as apply.		Weapon Seized / Type		Multiple Clearance Indicator						
	<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		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No				
	Location of Arrest (Including Name of Business) 9265 SW 61ST WAY UNIT C, BOCA RATON FL 33428				Location of Offense (Business Name, Address) 9265 SW 61ST WAY #C, BOCA RATON FL 33428						
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A				
	Name (Last, First, Middle) SANCHEZ CASTRO, KAREN,		Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
	W - White I - American Indian B - Black O - Oriental/Asian	W F	01/03/1995	5'3"	120	BROWN	BROWN	MEDIUM	MEDIUM		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status	Religion	Indication of: Alcohol Influence Drug Influence				
	Local Address (Street, Apt. Number) 9265 SW 61ST WAY UNIT C, BOCA RATON FL 33428				Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State					
	Permanent Address (Street, Apt. Number)				Phone	Address Source FL DL					
	Business Address (Name, Street)				Phone	Occupation UNEMPLOYED					
	D/L Number, State 5522500 95503 0, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship		
	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:		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					
Released To: (Name)		Relationship		Date	Time						
The above address provided by [] defendant and / or [] defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address.					School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property						
Drug Activity		S. Sell N. N/A P. Possess	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		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
BATTERY		1	<input type="checkbox"/> Y <input type="checkbox"/> N	784.03(1)(a)(1)							
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
N		N		18098289			NO BOND				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Location (Court Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996											
Court Date and Time Month Day Year Time AM PM 07/18/2018											
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 (for Juvenile and Parent /Custodian) CANNED				Date Signed JUL 18 AM 2:58							
HOLD for other Agency Name: JUL 18 2018		Signature of Arresting Officer M. RUSSO 21277			Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) I.D. # M. RUSSO 21277		(PRINT)					
Transporting Deputy Thomas		Pouch #		Transporting Officer ID # Agency M. RUSSO 21277 PBSO		Witness here if subject signed with an "X"					
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)					

PROBABLE CAUSE AFFIDAVIT

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

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Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-18098289
Charge Type: Check as many as apply.		Special Notes:		
<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance		
<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other		

Name (Last, First, Middle) SANCHEZ CASTRO, KAREN.	Alias	Race W	Sex F	Date of Birth 01/03/1995
Charge Description BATTERY	784.03(1)(a)(1)	Charge Description		
Charge Description	Charge Description			

Victim's Name (Last, First, Middle) NARVAEZ DIAZ, MANUEL, RICARDO	Race W	Sex M	Date of Birth 04/14/1983
Local Address (Street, Apt. Number) 9265 SW 61ST WAY UNIT C, BOCA RATON FL 33428	(City) (State) (zip)	Phone (561) 334-1037	Address Source FL DL
Business Address (Name, Street)	(City) (State) (zip)	Phone	Occupation ACCOUNTANT

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

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

On the **18TH** day of **JULY** 20**18** at **0014HRS** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time, I responded to the address of 9265 Sw 61st Boca Raton FL 33428 reference to a domestic dispute.

Upon arrival, I met with the victim Manuel Naraez Diaz whom stated the following: He and his wife (Karen Sanchez Castro) got into verbal altercation whe he arrived home due to him not giving her attention. Manuel advised the argument then turned physical when Karen began striking him with closed fist multiple times on the face and body. Manuel sustained small abraisions to his face and right arm, he refused medical treatment.

I spoke with karen (arrestee) who explained the following: She and her husband (Manuel) of seven months got into a verbal dispute when he ignored her when he got home, she advised she grabbed him in an attempt to get his attention.

Based on my investigation Karen Sanchez Castro was charged with battery per F.S.S 784.03(1)(a)(1)

SCANNED
JUL 18 2018
STATE OF FLORIDA
COUNTY OF PALM BEACH
M. RUSSO
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of JULY 2018 by M. RUSSO
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
Rocsa K. Wong Won #22069

VICTIM NOTIFICATION FORM

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

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18098289 Agency: PBSO
Offense: BATTERY
Suspect/Offender: SANCHEZ CASTRO, KAREN,
D.O.B. 01/03/1995 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: NARVAEZ DIAZ, MANUEL, RICARDO D.O.B. 04/14/1983 Race: W Sex: M
Address: 9265 SW 61ST WAY UNIT C
City: BOCA RATON FL 33428
Home #- (561) 334-1037 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ Work #: _____ 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: NARVAEZ DIAZ, MANUEL, RICARDO

Deputy's Name: M. RUSSO I.D.# 21277 Date: 07/18/2018

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00029A REV. 4199

SUSPECT/OFFENDER: SANCHEZ CASTRO, KAREN, COURT CASE/WARRANT# _____
(FOR WARRANTS USE ONLY)

UNFILED
JUL 18 2018