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Report Error

330

 Check if Supplement is Attached1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for CapiasJuvenile ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 6 - 16 - 120 201					
ADMINISTRATIVE	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input 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				If Weapon Seized Enter Type		Multiple Clearance Indicator 02				
	Location of Arrest (including Name & Business) 2201 45 WPB 33407 5161 #E Stacy ST WPB FC												
Date of Arrest 08/28/16		Time of Arrest 1642		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Hsu Kimberly KC Alias (Name, DOB, Soc. Sec. #, Etc.)													
DEFENDANT	Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth 05/04/62	Height 5'5	Weight 140	Eye Color	Hair Color	Complexion Brunette	Build MED		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status m	Religion Cath	Indication of: Y Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>				
Local Address (Street, Apt. Number) 5167 #F Stacy ST WPB		(City) (State) (Zip) (33407)		Phone (561) 201-3254		Residence Type: 1. City 2. County		3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone ( )		Address Source Verbal							
Business Address (Name, Street) 11000		(City) (State) (Zip)		Phone ( )		Occupation							
D/L Number, State 17500511C26640		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship US					
CO-DEF	Co-Defendant (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 (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		
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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				
Released To: (Name)				Relationship			Date			Time			
The above address was 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's Office (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							
CODE	Drug Activity S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		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 Synthetic	U. Unknown Z. Other
	Charge Description Abuse of Disabled		Counts 1		Domestic Violence <input type="checkbox"/> Y		Statute Violation Number 8251702		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense # 16-120201	Warrant / Capias Number			Bond					
CHARGE	Charge Description Single Battery		Counts 1	Domestic Violence <input type="checkbox"/> Y	Statute Violation Number 784103		Violation of ORD #						
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense # 12-120201	Warrant / Capias Number			Bond					
CHARGE	Charge Description			Counts 1	Domestic Violence <input type="checkbox"/> Y	Statute Violation Number		Violation of ORD #					
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond					
CHARGE	Charge Description			Counts 1	Domestic Violence <input type="checkbox"/> Y	Statute Violation Number		Violation of ORD #					
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond					
NOTICE TO APPEAR	Location (Court, Room Number, Address) 5												
NOTICE TO APPEAR	Court Date and Time Month Day Year Time A.M. P.M. 08/28 PM 8:00												
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				Signature of Arresting Officer X 12-28-2016				Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				I.D. # 251					
Intake Deputy 08/29/2016		D.O. #		Pouch #		Transporting Officer D/S 54502321/2016		I.D. # 7725		Agency			
Witness hereunto subject signed with an "X" AUG 29 2016													

## PROBABLE CAUSE AFFIDAVIT

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

Juvenile

ADMIN	OBTS Number	Palm Beach County Sheriff's Office			Agency Report Number				
	Agency ORI Number	Agency Name			0, 6	16-1120201111			
DEF	Charge Type: Check as many as apply	<input checked="" 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: <i>16-1120201111</i>					
CHARGES	Name (Last, First, Middle)	Kimberly K		Alias		Race	Sex	Date of Birth	
	Charge Description	House of Disables Aoolt		Charge Description					
	Charge Description	Simple Battery		Charge Description					
VICTIM	Victim's Name (Last, First, Middle)	Jacobus Charles		Race	Sex	Date of Birth			
	Local Address (Street, Apt. Number)	5161 #E	City	Shady ST	W.P.B.	(State)	(Zip)	Phone	Address Source
	Business Address (Name, Street)	Disabled		(City)	(State)	(Zip)	Phone	( )	Occupation
<p>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 ...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input checked="" type="checkbox"/> was observed by <u>Jacobus</u> who told <u>Anato</u> that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>28</u> day of <u>Aug</u> <u>2016</u> at <u>4:42</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p>I responded to 5161 #E Shady ST, W.P.B. Florida to investigate a neighbor dispute. Upon arrival I spoke to Barbara Jacobus, the complainant. Ms. Jacobus states that her neighbor Kimberly K Hon came to her door step demanding her disabled husband's pain medication. Ms. Jacobus told Ms. Hon to leave her residence at which time Ms. Hon punched Ms. Jacobus. During the altercation Mr. Jacobus came outside &amp; he attempted to get Ms. Hon off his wife. Ms. Hon then pushed Mr. Jacobus on the chest pushing him back against the front door. Ms. Jacobus has swelling to her left eye &amp; it is black &amp; blue. Ms. Jacobus states that her husband is fully disabled physically &amp; mentally as he was struck by a car which left him in this condition. I did obtain a sworn statement. The victim is Ms. Hon on scene.</p>									
PROBABLE CAUSE STATEMENT									
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>D. 251</i></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>28</u> day of <u>Aug</u> <u>2016</u> by <u>Anato</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced</p> <p><i>D. 251-7708</i></p> <p>Notary Public, Clerk or County Officer (F.S.S. 171.10)</p> <p>SCANNED AUG 29 2016</p> <p>PAGE <u>1</u> OF <u>1</u></p>								