

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile n

Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06- 17169898
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input 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
Location of Arrest (Including Name of Business) 5677 PACIFIC BLVD #2415, Boca Raton/Florida/33433		Location of Offense (Business Name, Address) 5677 PACIFIC BLVD #2415, Boca Raton/Florida/33433
Date of Arrest 12/31/2017	Time of Arrest 1600	Booking Date

Name (Last, First, Middle) Hickey, Kristina, Lyn		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian	Sex F	Date of Birth 07/21/1986	Height 5'07
Weight 100	Eye Color brown	Hair Color brown	Complexion med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status	Religion
Local Address (Street, Apt. Number) 5677 PACIFIC BLVD ,2415, Boca Raton/FL33433		Phone (352) 286-7109	Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.
Permanent Address (Street, Apt. Number)		Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
Business Address (Name, Street)		Phone	Address Source
D/L Number, State H200512867610, FL		Soc. Sec. Number	INS Number
Place of Birth (City, State) Ocala, Florida		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:	Residence Phone				
Address (Street, Apt. Number)				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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents (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 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 E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description domestic battery	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03 1a1	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense # 17169898	Warrant / Capias Number						
Bond										

Location (Court, Room Number, Address)	DEC 31 PM 5:50
Court Date and Time	Month Day Year Time AM PM
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 12/31/2017

HOLD for other Agency Name:	Signature of Arresting Officer X	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. # G.Clark 7770
Intake Deputy AS Lomley	Pouch #	Transporting Officer ID # Agency Phso G.Clark 7770 Phso
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY PINK - AGENCY		Witness here if subject signed with me FILED

JAN 01 2018

CIRCUIT & COUNTY COURTS
(CRIMINAL DIV.)

PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request for Warrant
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1

Juvenile

n

ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 17169898
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DEF	Name (Last, First, Middle) Hickey, Kristina, Lyn		Alias
	Race W	Sex F	Date of Birth 07/21/1986
CHARGES	Charge Description domestic battery	Charge Description 784.03 1a1	Charge Description
	Charge Description	Charge Description	Charge Description

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 **31** day of **December** 20**17** at **4:00** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On December 31 2017 at 3:30p.m. I was dispatched to [redacted] in reference to a possible domestic disturbance. This is the subdivision of the [redacted].

Upon my arrival I met with [redacted] who stated that he was in a verbal argument with [redacted] Kristina Hickey. [redacted] stated the argument became physical when Kristina stated she was going to ruin his life. Kristina then grabbed him by the neck and started pulling his collar on his shirt. [redacted] also stated that Kristina shoved him in the door. [redacted] then left the residence. [redacted] did not wish to get photographed and he refused medical treatment. [redacted] also informed me that Kristina threw his clothes and property in the garbage. [redacted] provided me a sworn witness statement about this event. I did not observe any marks or bruises on [redacted].

I then spoke with the Kristina who stated that she never touched [redacted]. I did not observe any injuries to Kristina.

Based on my investigation and the statements provided to me Kristina Hickey was determined as the primary aggressor and was arrested for Domestic Battery. [redacted] was handcuffed double locked, checked for proper fit and transported to the palm beach county jail.

STATE OF FLORIDA
COUNTY OF PALM BEACH

G.Clark 

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of December 2017 by _____
Personally Known

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)

D/S Clark # 8675

Notary Public, Clerk of Court, Officer (F.S. 9.117(10))

SCANNED
JAN 01 2018

PAGE 1 OF 1

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

Suspect: Hickey, Kristina, Lyn DOB: 07/21/1986 Case #: 17169898

Victim: [REDACTED] DOB: 03/13/1991 Race: W Sex: M

Relationship between Victim and Defendant: [REDACTED]

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 Home? Yes No DCF Notified? Yes No

Name: _____ DOB: / /

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: _____

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone (____) ____ - ____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other

Victim Contact [REDACTED]

Local Address: [REDACTED]

Phone: Home [REDACTED] Work (____) ____ - ____ Cell (____) ____ - ____

Employer: _____

Name of Relative: _____ Phone (____) ____ - ____

Address: _____

SCANNED
JAN 01 2018

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

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

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

1. Incident Report #: 17169898 Agency: Palm Beach County Sheriffs Office
Offense: domestic battery
Suspect/Offender: Hickey, Kristina, Lyn
D.O.B. 07/21/1986 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: _____ D.O.B. 03/13/1991 Race: W Sex: M

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: _____

Deputy's Name: _____ I.D.# 7770 Date: 12/31/2017

SUSPECT/OFFENDER: **Hickey, Kristina, Lyn**
COURT CASE/WARRANT#:
(FOR WARRANTS USE ONLY)

SCANNED

JAN 01 2018