

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-013331							
Charge Type: Check as many as apply	<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	If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business) 1801 N FEDERAL HWY, BOCA RATON, FL, 33432			Location of Offense (Business Name, Address) 1801 N FEDERAL HWY 124, BOCA RATON, FL 33432									
Date of Arrest 09/27/2017	Time of Arrest 19:59	Booking Date 09/27/2017	Booking Time 20:09	Jail Date 09/27/2017	Jail Time 20:05	Location of Vehicle N/A						
Name (Last, First, Middle) TIERNEY, KYLE C			Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 08/09/1982	Height 5'10	Weight 175	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R NECK / LETTER "T" TATTOO'D ON RIGHT SIDE OF NECK;			Marital Status M	Religion CHRISTIAN	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
Local Address (Street, Apt. Number) (City) (State) (Zip) 286 MAIN STREET, BUTLER, NJ 07405-1025			Phone (352) 615-7664		Residence Type: 1. City 3. Florida 2. County 4. Out of State 4							
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 286 MAIN STREET, BUTLER, NJ 07405-1025			Phone (352) 615-7664		Address Source NJ DL							
Business Address (Name, Street) (City) (State) (Zip) NONE,			Phone		Occupation							
D/L Number, State T41914386308822 /		Soc. Sec. Number	INS Number	Place of Birth (City, State) LOUISVILLE, KY,		Citizenship						
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)			Residence Phone									
<input type="checkbox"/> Legal Custodian			Business 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							
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.			School Attended		Grade							
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____			Property Crime? <input type="checkbox"/> Yes <input checked="" 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. 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 Description VIOL INJUNCTION DOMESTIC VIOLENCE - COMMUNICATION						Statute Violation Number 741.31(4)	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond					
N			2017-013331	1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
Charge Description						Statute Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond					
					<input type="checkbox"/> Y <input type="checkbox"/> N							
Charge Description						Statute Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond					
					<input type="checkbox"/> Y <input type="checkbox"/> N		SEP 28 AM 1:30					
Health / Apparent Physical Condition of Defendant GOOD						Any knowledge of the following: <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: SUICIDAL STATEMENTS						
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By		Released By	Released To						
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												
Transported By			Date Transported	Time Transported	Other							
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> 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							
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.						Date Signed						
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed						
HOLD for Other Agency			Signature of Arresting Officer Ea J...		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) LAUCKNER, CHRISTOPHER		(PRINT)							
Intake Deputy SPAWN	ID.# 801	Pouch #	Transporting Officer Christopher Lauckner	ID.# 801	Agency BRPD	Witness here if subject signed with an "X"						

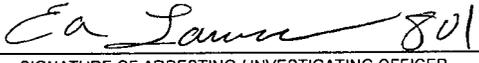
2017 SEP 28 AM 1:30
 SHAWNH R. BOGGS
 PALM BEACH COUNTY
 JUVENILE COURT CLERK
 2017 SEP 28 AM 1:30
 1 OF 1
 2017 SEP 28 AM 1:30

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-013331		
	Charge Type: Check as many as apply. <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		Special Notes:		
Name (Last, First, Middle) TIERNEY, KYLE C							Race W	Sex M	Date of Birth 08/09/1982
Charge Description 741.31(4)5 VIOL INJUNCTION DOMESTIC VIOLENCE -		Charge Description		Charge Description		Charge Description		Charge Description	
Victim's Name (Last, First, Middle) CRUZ, REBECA							Race	Sex	Date of Birth 04/09/1986
Local Address (Street, Apt. Number) 284 MAIN STREET, BUTLER, NJ 07405		(City)	(State)	(Zip)	Phone (352) 615-7669		Address Source		
Business Address (Name, Street)		(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. <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 my (described) investigation.</p> <p>On the 27 day of September, 2017 at 19:59 (Specifically include facts constituting cause for arrest.)</p> <p>On September 27, at 1855 hours, Officer Codling and I responded to 1801 N Federal Hwy Room 124 (Boca Inn) in reference to suicidal threats. Rebeca Cruz (DOB: 04/09/1986) contacted the Borough of Butler Police Department, located in Butler, New Jersey, advising that her husband, Kyle Tierney (Identified by NJ DL), was making suicidal statements through the phone. Officer Kennedy with the Borough of Butler Police Department contacted the Boca Raton Police Department stating what Cruz was alleging. Officer Kennedy stated that Cruz was there with them. Cruz advised that Tierney stated he wanted to kill himself and also advised that she has a restraining order against Tierney. Officer Kennedy advised that he heard the voicemail that Tierney had left Cruz, making the suicidal statements. See Butler Police Department's Case #2017-013272. Cruz advised that Tierney was staying at the Boca Inn located at the above address.</p> <p>Upon arrival we made contact with Kyle Tierney (Identified by NJ DL) at Room 124. Tierney was read his Miranda Rights from my Boca Raton Police Department Issued Miranda Card and stated that he was willing to talk to Officer Codling and I, even without an attorney present. Tierney stated that he had called and texted Cruz, his wife, earlier in the night to talk to her about her requests for a divorce. He stated that she wanted to take a break and that she did not have any expectations of getting back together. Tierney said that he and Cruz had been married for 10 years and that he had on and off problems with alcohol abuse. I asked Tierney if he called and texted his wife from the cell phone that he had sitting next to him, which he said "yes". I asked Tierney if we could look through his phone, to which he stated "yes".</p> <p>After looking through Tierney's phone, I observed that he had texted his wife earlier in the night that he wanted to talk to her. In the text messages, Tierney began to say that he was upset after Cruz was not texting back. He also stated in the text messages that he wanted to jump off of a balcony and kill himself if they were not able to be together. I also observed that Tierney had an outgoing call to his wife on his</p>									
SWORN AND SUBSCRIBED BEFORE ME  CODLING, JEREMY R NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/27/2017 DATE					 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER LAUCKNER, CHRISTOPHER (801) NAME OF OFFICER (PLEASE PRINT) 09/27/2017 DATE				

SCANNED
SEP 28 2017
P. I. O.

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-013331	
Charge Type: Check as many as apply.				Special Notes:	
<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					

Name (Last, First, Middle) TIERNEY, KYLE C	Alias	Race W	Sex M	Date of Birth 08/09/1982
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cell phone earlier in the night. Tierney also stated to me that he had sent text messages to Cruz that he wanted to take his own life.

The Borough of Butler Police Department faxed over a copy of the restraining order stating that Kyle C Tierney has a valid "New Jersey Domestic Violence and Temporary Restraining Order" against him, by Rebeca Cruz, his wife; Case# 2017-112969. The restraining order was served to him on 09/21/2017. Tierney violated the restraining order as specified in his court order.

My investigation determined that Tierney did willfully violate an injunction of domestic violence, after having been served with said Injunction for Protection against Domestic Violence issued pursuant to section 741.31. Tierney was found to be Telephoning, contacting, or otherwise communicating with the petitioner directly or indirectly, contrary to Florida Statute 741.31(4)(5).

Tierney was placed under arrest and is being charged with F.S.S. 741.31(4)(5) Violation of an Injunction for Protection against Domestic Violence. Tierney was processed at BRPD then transported to Palm Beach County Jail.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME	<i>Ca Jaura</i> 801
CODLING, JEREMY R	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	LAUCKNER, CHRISTOPHER (801)
09/27/2017	NAME OF OFFICER (PLEASE PRINT)
DATE	09/27/2017
	DATE

<input checked="" type="checkbox"/> TRO <input type="checkbox"/> Amended TRO		New Jersey Domestic Violence Civil Complaint and Temporary Restraining Order		Page 1 of 4	
<input type="checkbox"/> Superior Court, Chancery Division, Family Part.		County		<input checked="" type="checkbox"/> Municipal Court of BUTLER BORO	
Docket Number		Police Case Number 17-112969			
In the Matter of Plaintiff (Victim) CRUZ REBECA E		Plaintiff's Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Plaintiff's Date of Birth 04/09/1986	
Defendant Information		Last Name TIERNY		First Name KYLEC	
Defendant's Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race CAUCASIAN			
Defendant's Social Security Number		Date of Birth 04/09/1982		Height 5 07	
Weight 175		Eye Color BLUE		Hair Color BLONDE	
Home Address 286 MAIN ST		City BUTLER		State NJ	
Zip 07405		Home Phone Number		Work Phone Number	
Employer		Distinguishing Features (Scars, Tattoos, etc.) BEARD			
Driver's License Number T4191438630882		State NJ		Driver's License Expiration Date	
The undersigned complains that said defendant did endanger plaintiff's life, health or well being (give specific facts regarding acts or threats of abuse and the dates and times they occurred; specify any weapons): (C/N Time) A1 (Time) BY (Details; specify any weapons) 09/21/2017 03:37 PM VICTIM STATES THAT THE DEFENDANT IS DRUG DEPENDANT AND WHEN HE DOESN'T GET HIS WAY HE PUNCHES HOLES IN THE WALLS AND YELLS AND SCREAMS IN FRONT OF HERSELF AND THEIR 2 YOUNG CHILDREN. VICTIM ALSO STATES THAT DEFENDANT HAS BEEN PAWNING SEVERAL ITEMS FROM THEIR HOUSE AS WELL.					
with the following criminal offenses: (if check all applicable boxes. Law Enforcement Officer: Attach N.J.S.A. 17:27 offense report(s))					
<input type="checkbox"/> Homicide		<input type="checkbox"/> Terroristic Threats		<input type="checkbox"/> Criminal Restraint	
<input type="checkbox"/> Assault		<input type="checkbox"/> Kidnapping		<input type="checkbox"/> False Imprisonment	
<input type="checkbox"/> Criminal Trespass		<input type="checkbox"/> Robbery		<input type="checkbox"/> Contempt of a DV Order	
<input type="checkbox"/> Sexual Assault		<input type="checkbox"/> Lewdness		<input type="checkbox"/> Burglary	
<input type="checkbox"/> Criminal Sexual Contact		<input checked="" type="checkbox"/> Criminal Mischief		<input type="checkbox"/> Criminal Trespass	
<input type="checkbox"/> Any Other Crime Involving Risk of Death or Serious Bodily Injury		<input checked="" type="checkbox"/> Harassment			
<input type="checkbox"/> Stalking		<input type="checkbox"/> Cyber Harassment			
1. Any prior history of domestic violence reported or unreported? If Yes, explain: VICTIM HAD A PRIOR TRO AGAINST THE DEFENDANT AND HAS BEEN PHYSICAL WITH HER IN THE PAST					
2. Does defendant have a criminal history? (If Yes, submit any available criminal history report) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
3. Any other pending court proceedings involving parties? (If Yes, enter docket number, court, county, state) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
4. Has a criminal complaint been filed in this matter? (If Yes, enter date, docket number, court, county, state) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. If Law Enforcement Officers responded to a domestic violence call: Were weapons seized? If Yes, describe: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Defendant arrested? If Yes, describe: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2015 DV					
6. (A) The Plaintiff and Defendant are 18 years old or older or emancipated and are: (select one) <input checked="" type="checkbox"/> Married / Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Present Household Member <input type="checkbox"/> Was at Any Time a Household Member OR (B) The Defendant is 18 years old or older or emancipated and Plaintiff and Defendant are: (select one) <input type="checkbox"/> Unmarried <input type="checkbox"/> Co-Parents <input type="checkbox"/> Expectant Parents <input type="checkbox"/> Plaintiff and Defendant have had a dating relationship					
7. When appropriate list children you have with the Defendant, if any (include name, sex, date of birth, person with whom child resides)					
Child Name TIERNEY		Sex ELIZABETH		Birth Date 6/14/2014	
TIERNY		ANNALYN		ROTH	
8. The Plaintiff and Defendant: <input checked="" type="checkbox"/> Presently <input type="checkbox"/> Previously <input type="checkbox"/> Never Married Together		<input checked="" type="checkbox"/> Family Relationship: What is your relationship to the defendant? SPOUSE/PARTNER (Specify)			
Certification I certify that the foregoing responses made by me are true. I am aware that if any of the foregoing responses made by me are willfully false, I am subject to punishment.					
Date 09/21/2017			Signature of Plaintiff REBECA E CRUZ		

Domestic Violence Civil Complaint and Temporary Restraining Order

Case File Number	Defendant's Name KYLEC C TIERNEY
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Part 1 - RELIEF - Instructions: Relief sought by Plaintiff

DEFENDANT:

YTD	FRO	TRO Granted	
<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	You are prohibited from returning to the scene of violence.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	You are prohibited from future acts of domestic violence.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	You are barred from the following locations: <input checked="" type="checkbox"/> Residence(s) of Plaintiff <input checked="" type="checkbox"/> Place(s) of employment of Plaintiff <input type="checkbox"/> Other (Only list addresses known to Defendant):
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	You are prohibited from having <u>any</u> oral, written, personal, electronic, or other form of contact or communication with Plaintiff. Other(s):
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	You are prohibited from making or causing anyone else to make harassing communications to Plaintiff. Other(s) - Same as item 4 above or list names:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	You are prohibited from stalking, following or threatening to harm, stalk or follow: Plaintiff Other(s) - Same as item 4 above or list names:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	You must pay overnight monetary relief to (describe amount and method): Plaintiff: Dependent(s):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	You must be subject to intake monitoring of conditions and restraints: Other (evaluations or treatment - describe):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric evaluation.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Prohibition Against Possession of Weapons: You are prohibited from possessing any and all firearms or other weapons and must immediately surrender these firearms, weapons, permit(s) to carry, application(s) to purchase firearms and firearms purchaser ID card to the officer serving this Court Order. Failure to do so may result in your arrest and incarceration.

PLAINTIFF:

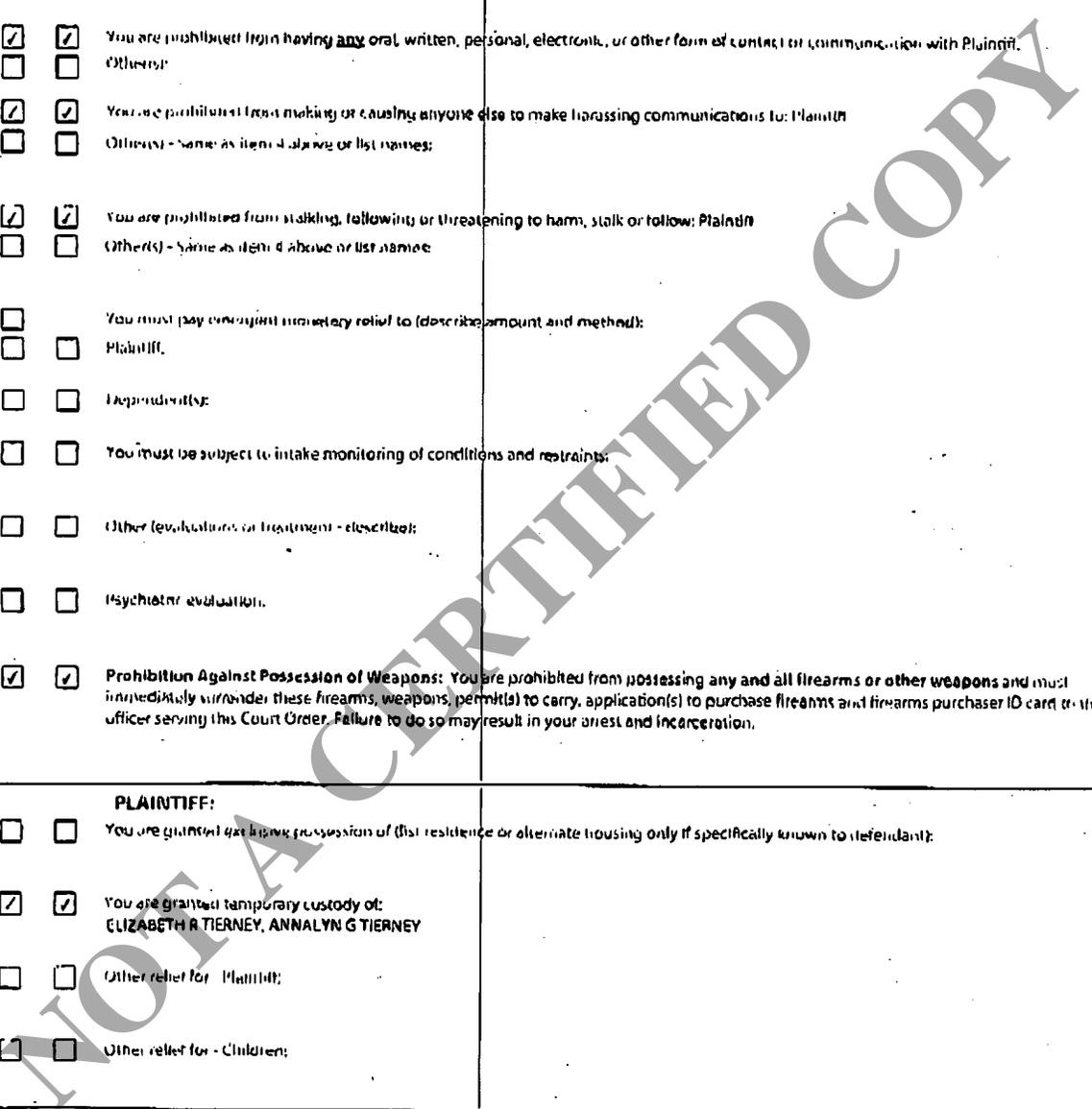
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	You are granted exclusive possession of (list residence or alternate housing only if specifically known to defendant):
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	You are granted temporary custody of: ELIZABETH R TIERNEY, ANNALYN G TIERNEY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other relief for Plaintiff:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other relief for Children:

LAW ENFORCEMENT OFFICER:

You are in a company to serve, residence, shared place of business, other (indicate address, time, duration and purpose).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaintiff:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Defendant:

NOTICE TO DEFENDANT: A violation of any of the provisions listed in this order may constitute either civil or criminal contempt pursuant to N.J.S.A. 17:27-30 and may result in your arrest, prosecution, and possible incarceration, as well as an imposition of a fine or jail sentence. Only a court can modify any of the terms or conditions of this court order.



SCANNED
SEP 28 2017

Domestic Violence Civil Complaint and Temporary Restraining Order

Case Number	Defendant's Name KYLE C TIERNEY
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Warrant to Search for and to Seize Weapons for Safekeeping

To any law enforcement officer having jurisdiction - this Order shall serve as a warrant to search for and to seize any issued permit to carry a firearm, application to purchase a firearm and firearms purchaser identification card issued to the defendant and the following firearm(s) or other weapon(s). Describe the weapons to be seized:

You are hereby commanded in search for the above described weapons and/or permits to carry a firearm, application to purchase a firearm and firearms purchaser identification card and to serve a copy of this Order upon the person at the premises or location described as:

You are hereby ordered in the event you seize any of the above described weapons, to give a receipt for the property so seized to the person from whom they were taken or in whose possession they were found, or in the absence of such person to have a copy of this Order together with such receipt to be upon the said structure from which the property was taken.

You are authorized to execute this Order immediately or as soon thereafter as is practicable:

Anytime Other: _____

You are further ordered, after the execution of this Order, to promptly provide the Court with a written inventory of the property seized per this Order.

Part 2 - RELIEF - DEFENDANT:

TRD	FRO	TRD Granted	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No parenting time / visitation until further ordered:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting time / visitation pursuant to _____ suspended until further order:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting time / visitation permitted as follows: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk assessment ordered (specify by whom, any requirements, dates): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	You must provide compensation as follows:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergent support for Plaintiff: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for Dependents: _____
N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ongoing support for Plaintiff: _____
N/A	<input type="checkbox"/>	<input type="checkbox"/>	for Dependents: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compensatory damages to Plaintiff: _____
N/A	<input type="checkbox"/>	<input type="checkbox"/>	Punitive damages to Plaintiff: _____
N/A	<input type="checkbox"/>	<input type="checkbox"/>	to Third Parties (describe): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical coverage for Plaintiff: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for Dependents: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rent <input type="checkbox"/> Arrearage payments (specify amount(s) and recipient(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	You must participate in a batterers intervention program:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	You are granted temporary possession of the following personal property (describe): _____

Part 2 - RELIEF - PLAINTIFF:

You are granted temporary possession of the following personal property (describe):
VEHICLE AND ALL HOUSE KEYS ARE TO BE TURNED OVER

Comments:

NOTICE TO DEFENDANT: A violation of any of the provisions listed in this order may constitute either civil or criminal contempt pursuant to N.J.S.A. 17:27 and may result in your arrest, prosecution, and possible incarceration, as well as an imposition of a fine or jail sentence. Only a court can modify any of the terms or conditions of this court order.

SCANNED
SEP 28 2017

Domestic Violence Civil Complaint and Temporary Restraining Order

Case Number	Defendant's Name KYLEC CTIERNEY
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Addendum:

- TRO denied. Complaint dismissed by Family Part.
- TRO denied by Municipal Court, forwarded to Family Part for administrative dismissal, and Plaintiff advised of right to file new complaint in Superior Court, Family Division.
- TRO granted. The Court has established jurisdiction over the subject matter and the parties pursuant to N.J.S.A. 2C:25-17 et seq. and has found good cause that a prima facie act of domestic violence has been established; that an immediate danger of domestic violence exists and that plaintiff's life, health and well being are endangered; that an emergency restraining Order is necessary pursuant to R. 5:7A(b) and N.J.S.A. 2C:25-28 to prevent the occurrence or recurrence of domestic violence and to search for and seize firearms and other weapons as indicated in this order.

Date Filed 09/27/2017 04:22 PM	Via Telecommunications <input checked="" type="checkbox"/>	Hearing Officer JOHN A. PAPAIAZZO	Butler Boro Morris Court / County
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All Law Enforcement Officers Will Serve and Fully Enforce This Order

This ex parte Domestic Violence Complaint and Temporary Restraining Order meets the criteria of the federal Violence Against Women Act for enforcement outside of the State of New Jersey upon verification of service of defendant. 18 U.S.C.A. 2265 & 2266

This Order Shall Remain in Effect Until Further Order of the Court and Service of Said Order on the Defendant.

Notice to Appear to Plaintiff and Defendant

1. Both the plaintiff and defendant are ordered to appear for a final hearing on (date) 09/27/2017 at (time) 01:00 PM at the Superior Court Chancery Division, Family Part, MORRIS County, located at (address) WASHINGTON & COURT STREET, MORRISTOWN, NJ 07960, 973-656-1000

Note: You must bring financial information including pay stubs, insurance information, bills and mortgage receipts with you to Court.

- The final hearing in this matter shall not be scheduled until:
- Interpreter needed. Language:

Upon satisfaction of the above-stated conditions notify the Court immediately so that a final hearing date may be set.

IMPORTANT: The parties cannot themselves change the terms of this Order on their own. This Order may only be changed or dismissed by the Superior Court. The named defendant cannot have any contact with the plaintiff without permission of the Court.

Notice to Defendant

A violation of any of the provisions listed in this Order or a failure to comply with the directive to surrender all weapons, firearm permits, applications or identification cards may constitute criminal contempt pursuant to N.J.S.A. 2C:29-9(b), and may also constitute violations of other state and federal laws which may result in your arrest and/or criminal prosecution. This may result in a jail sentence.

You have the right to immediately file an appeal of this temporary Order before the Superior Court, Chancery Division, Family Part, as indicated above and a hearing may be scheduled.

Return of Service

Plaintiff was given a copy of the Complaint / TRO by:
SCARLETTAUSUBIARREU 04:22 PM 09/27/2017 BUTLER POLICE DEPT
Print Name Time and Date Signature / Badge Number / Department

I hereby certify that I served the Complaint / TRO by delivering a copy to the Defendant personally:
DANIANA ZANALI 06:15 PM 09/27/2017 BUTLER POLICE DEPT
Print Name Time and Date Signature / Badge Number / Department

I hereby certify that I served the Complaint / TRO by use of substituted service as follows:
Print Name Time and Date Signature / Badge Number / Department

Defendant could not be served (explain):
Print Name Time and Date Signature / Badge Number / Department

The Courthouse is accessible to those with disabilities. Please notify the Court if you require assistance.

Distribution: Family Part, Plaintiff, Defendant, Sheriff, Other