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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached
1. Arrest 2. N.T.A 3. Request for Warrant 4. Request for Copies

Juvenile

OBTs Number	Agency ORI Number FL0 5 0 0 3 0 0		Agency Name BOYNTON BEACH POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 3 4 1 1 8 1 0 3 0 4 5 9 1 1	
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		Multiple Clearance Indicator 0, 1			
Location of Arrest (including Name of Business) 640 SE 2nd Ave Apt 109			Location of Offense (Business Name, Address) 640 SE 2nd Ave 101			
Date of Arrest 03/10/18	Time of Arrest 1:27	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Maxwell, Leslie Gayle							Alias (Name, DOB, Soc Sec. #, Etc.)		
Race W - White B - Black	American Indian O - Oriental/Asian	Sex M F	Date of Birth 01/29/61	Height 5'04	Weight 120	Eye Color Green	Hair Color Blond	Complexion Light	Build Small
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None							Mental Status	Religion	Indication of Alcohol Influence Drug Influence Y N Unk
Local Address (Street, Apt. Number) 640 SE 2nd Ave Apt 101			(City) Boynton Beach	(State) FL	(Zip) 33435	Phone 561-536-5541	Residence Type 1. City 3 Florida 2. County 4 Out of State		
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source Defendant		
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation Boobie		
D/I Number, State 11540 527615290		Soc. Sec. Number		INS Number		Place of Birth (City, State) Long Beach, NY		Citizenship USA	

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

<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/OYS 3 Incarcerated
Released To: (Name)	Relationship		Date
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
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/Diriv	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
Charge Description Discharge in lieu of bond		Courts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 815.10.1.1		Violation of ORD #		Bond		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond				
Charge Description		Courts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Bond		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond				
Charge Description		Courts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Bond		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond				
Charge Description		Courts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Bond		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond				

Location (Court, Room Number, Address) South County Courthouse - 200 W. Atlantic Avenue, Delray Beach, FL 33444 BU # 11315					
Court Date and Time Month Day Year Time A.M. P.M.					

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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal Intake Deputy	Signature of Arresting Officer x [Signature] 992 Name of Arresting Officer (Print) G. Solomon ID # 992 Transporting Officer ID # 992 Agency BBPD	Name Verification (Printed by Arrestee) (PRINT) SCANNED	PAGE 1 OF 1

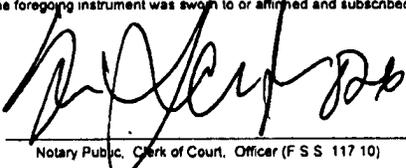
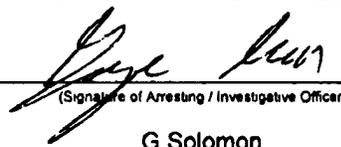
OBT# Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-030459				
Charge Type Check all that Apply		Special Notes						
<input type="checkbox"/> 1 Felony <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) Monell, Leslie, Gayle				Race W	Sex F	Date of Birth 01/29/1961		
Charge Description Disorderly intoxication		Charge Description						
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) State of florida				Race	Sex	Date of Birth		
Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone	Address Source		
Business Address (Name, Street) 100 E Boynton Beach Blvd		(City) Boynton Beach	(State) FL	(Zip) 33435	Phone 561-742-6100	Occupation		
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 <input checked="" 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 act <input type="checkbox"/> Confessed to _____ Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation On The 10th Day Of June 20 18 At 6:27 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.								

On June 10th, 2018, at approximately 1820 hours, I responded to 640 SE 2nd Ave, Boynton Beach, Palm Beach County, FL, in reference to a neighbor disturbance. It should be noted that this is the 4th time in a time frame of 4 hours that officers responded to this address in reference to a disturbance involving the same individual (Leslie Monell)

Upon arrival I made contact with the complainant, Michelle Lee. Lee stated that Monell has come to her home (640 SE 2nd Ave Apt 101) 4 times, loudly banging on Lee's front door. I returned to my vehicle to retrieve a BBPD case card, upon returning to the residence I could hear Lee loudly yelling "Get off of me!". I ran into the apartment and observed Monell, standing over Lee who was sitting on her couch, attempting to strike her with closed fist while yelling "Fuck you!". I quickly detained Monell placing her in handcuffs (behind her back, double locked and checked for proper spacing). Once in handcuffs I observed Monell to have difficulty standing (swaying side to side). Monell informed me that she had consumed 5 or 6 bloody Mary alcoholic beverages and was feeling "a little drunk".

Officers made contact with Lee who had no visible injuries. Lee stated that she did not need any medical assistance. Lee stated that she did not wish to pursue charges against Monell for battery or burglary and signed a refusal to prosecute form.

Based on the aforementioned, probable cause exists to arrest and charge Leslie Monell with disorderly intoxication in violation of F.S.S 856.011 as she endangered the safety of another person while in an intoxicated state. Monell was transported to BBPD for booking before being turned over to the care and custody of the Palm Beach County Jail.

The foregoing instrument was sworn to or affirmed and subscribed before me	
 Notary Public, Clerk of Court, Officer (F.S.S 117.10) 06/10/2018 Date	 (Signature of Arresting / Investigative Officer) G Solomon (Print name of Arresting/Investigative Officer) 06/10/2018 Date
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SCANNED
JUN 13 2018



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018019383	Date: 06/11/18
	Specialist Name/ID: Stewart/5660

SCANNED
 JUN 13 2018