

J# 0493220

3878

Only

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 <input type="checkbox"/> Juvenile <input type="checkbox"/>			
OBTs Number		Agency ORI Number FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06. 17-149873					
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		Weapon Seized/Type 2 1. Yes 2. No			
Location of Arrest (Including Name of Business) 17769 112TH DR N JUPITER, FL 33478		Location of Offense (Business Name, Address) 17769 112TH DR N JUPITER, FL 33478									
Date of Arrest 11/10/17	Time of Arrest 0130	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) HELLER, MADISON L				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black	Sex F	Date of Birth 04/11/95	Height 5'4	Weight 117	Eye Color BLU	Hair Color BRN	Complexion MED	Build SML			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO RIGHT FOOT; TAT HIPS, TAT RIBS, TAT LFT SHOULDER BLADE				Marital Status SINGLE		Religion N/P		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 17769 112TH DR N		(City) JUPITER	(State) FL	(Zip) 33478	Phone (561) 529-6326		Residence Type 1. City 3. Florida 2. County 4. Out of State 2				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source FL DL				
Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Occupation NONE				
D/L Number, State H460-552-95-631-0/FL		Soc. Sec. Number		INS Number		Place of Birth CORAL SPRINGS, FL		Citizenship USA			
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 Name (Last)		(First)		(Middle)		Residence Phone					
<input type="checkbox"/> Legal Custodian						Business Phone					
<input type="checkbox"/> Other											
Address (Street, Apt. Number)		(City)		(State)		(Zip)					
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated					
Released To: (Name)		Relationship		FCIC/NCIC		Date		Time			
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
RECOVERY INFORMATION											
0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other											
Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate			
N. N/A		B. Buy		D. Deliver		E. Use		Z. Other			
P. Possess		T. Traffic									
Drug Type		N. N/A		B. Barbituate		H. Hallucinogen		P. Paraphernalia/Equipment			
A. Amphetamine		C. Cocaine		M. Marijuana		O. Opium/Deriv.		S. Synthetic			
U. Unknown		Z. Other									
Charge Description SIMPLE BATTERY (DOMESTIC)		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03(1A1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount/Unit		Offense # 17-149873		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			
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number			
								Bond			
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)									
Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		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 Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Signature of Arresting Officer X [Signature] Name of Arresting Officer (Print) D/S ARMANINI				Name Verification (Printed by Arrestee) (PRINT)		PAGE	
Intake Deputy SPANN 8101		I.D. #		Pouch #		Transporting Officer [Signature]		I.D. # 8833			
						Agency PBS		Witness here is subject			

NOT A CRIMINAL RECORD

No Bond

NOV 10 10 34 AM '17

OBTS Number	PROBABLE CAUSE AFFIDAVIT			1	Juvenile
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 - 17-149873	
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.				Special Notes:	
Defendant's Name (Last, First, Middle) HELLER, MADISON L			Race WHITE	Sex F	Date of Birth 04/11/85
Charge Description SIMPLE BATTERY (DOMESTIC)		Charge Description			
Charge Description		Charge Description			
Victim's Name (Last, First, Middle) HELLER, DIANA			Race W	Sex F	Date of Birth 01/03/60
Victim's Local Address (Street, Apt. Number) 17769 112TH DR N		(City) JUPITER	(State) FL	(Zip) 33478	Phone 561-312-2200
Victim's Business Address (Name, Street)		(City)	(State)	(Zip)	Phone SCHOOL DIRECTOR
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 type="checkbox"/> committed the below acts in my presence.		<input type="checkbox"/> was observed by _____ who told _____			
<input type="checkbox"/> confessed to _____		that he/she saw the arrested person commit the below acts.			
admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.			
On the 10 day of NOVEMBER, 20017 at 0130 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).					

NARRATIVE:

On 11/10/17 at approx 0130hrs I responded to 17769 112TH DR N Jupiter, FL 33478 in reference to a domestic battery. Upon my arrival I met with the victim, Diana Heller. She stated that tonight she was involved in an argument with her daughter, Madison Heller who lives with her. She stated that the argument became physically violent. Diana advised that Madison wanted to take her vehicle to the pharmacy to pick up a prescription and became angry when she would not let her leave with her vehicle. She stated that Madison began to strike her with her fists on the arms and back. She stated that this all took place in her bedroom. There were no other witnesses present when this took place. I did not observe any marks or abrasions on Diana. I then met with Madison and asked her what transpired. She stated that she was involved in an argument with her mother because she would not let her take the car to go to the pharmacy. Madison stated that during the argument her mother began to pull her shirt and grab her arms while trying to push her out of the way. Madison stated that she then went to the kitchen and grabbed a knife because she was scared her mother was going to hit her further. She then put the knife on the counter and went to the back patio alone. I spoke to the younger brother Ruben Perez who advised that he only saw the knife on the counter but never saw anyone with it. He stated that all he heard was arguing.

Based upon my investigation, Madison Heller was found to be in violation of F.S.S. 784.03(1A1) Simple Battery (Domestic). Diana was provided with a Domestic Violence victim's rights brochure. Diana completed a sworn written statement regarding this incident. Diana refused to have photographs taken.

Sworn and Subscribed before me

NARRATIVE CONTINUATION

D/S Armanini

Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10) D/S GAREAU #17740 <i>[Signature]</i>	Signature of Arresting / Investigating Officer D/S ARMANINI #8833
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10) 11/10/17	Name of Officer (Please Print) 11/10/17
Date	Date

NOT A CERTIFIED COPY

