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ARREST / NOTICE TO APPEAR Juvenile Referral Report

1 Arrest 3 Request for Warrant 1 Juvenile N
2 NTA 4 Request for Capias

OBTS Number	Agency ORI Number FL0500000		Agency Name Palm Beach County Sheriff's Office		Agency Report Number 08-18-100340	
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		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 120 N. Lakeside Dr, Lake Worth, FL 33460			Location of Offense (Business Name, Address) 120 N. Lakeside Dr, Lake Worth, FL 33460			
Date of Arrest 7/23/18	Time of Arrest 16 25	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A

Name (Last, First, Middle) Burris, Maria L.						Alias (Name, DOB, Soc Sec #, Etc.)					
Race W	Sex F	Date of Birth 8/29/70	Height 5'03"	Weight 156	Eye Color Brown	Hair Color Black	Complexion Fair	Build Medium	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Neck-"Alicia", Lower back-Tribal design		
Local Address (Street, Apt Number) 120 N. Lakeside Dr, Apt 4			(City) Lake Worth	(State) FL	(Zip) 33460	Phone (941) 467-2921	Marital Status Married		Religion Christian		Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
Permanent Address (Street, Apt Number) S/A			(City) S/A	(State) S/A	(Zip) S/A	Phone () S/A	Address Source At scene		Residence Type 1 City 3 Florida 4 Out of State 1		
Business Address (Street, Apt Number) N/A			(City) N/A	(State) N/A	(Zip) N/A	Phone () None	Occupation Housekeeper		Citizenship Resident		
D/L Number, State B620-562-70-809-0/FL			Soc Sec Number		INS Number		Place of Birth Buenos Aires, Argent		Citizenship Resident		

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
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile

<input type="checkbox"/> Parent	Name (Last)	(First)	(Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt Number)			Business Phone
<input type="checkbox"/> Other	(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.			School Attended	Grade
<input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				

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 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. Barbituate C Cocaine E Heroin	H. Hallucinogen M. Marijuana O Opium/Deriv	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description Simple Battery	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number 784.03(1)(a)(1)	Violation of ORD # NONE
Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 18-100340	Warrant/Capias Number N/A
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number

<input type="checkbox"/> Instruction No 1 Mandatory Appearance in Court	Location (Court, Room Number, Address)	
<input type="checkbox"/> 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 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	
Name D/S E. Guzman-Martinez		Name Verification (Printed by Arrestee) (PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	ID # 9082	PAGE 1 of 1
Intake Deputy ID #	Pouch #	Transporting Officer Chanine 31811	Agency PBSO

PROBABLE CAUSE AFFIDAVIT

OBTS Number

1 Arrest 2 NTA 3 Req for Warrant 4 Req for Capias 1 Juv N

ADMIN	Agency ORI Number FL0500000	Agency Name Palm Beach County Sheriff's Office	Agency Report Number 06- 18-100340
	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

DEF	Name (Last, First, Middle) Burris, Maria L.	Alias	Rac W	Sex F	Date of Birth 8/29/70
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CHARGES	Charge Description Simple Battery	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle) Burris, Vernell			Rac W	Sex M	Date of Birth 9/19/59
	Local Address (Street, Apt Number) 120 N. Lakeside Dr, Apt. #4	(City) Lake Worth	(State) FL	(Zip) 33460	Phone (561)704-7316	Address Source Victim
	Business Address (Name, Street) Uk	(City)	(State)	(Zip)	Phone Uk	Occupation Self-employed

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 **23rd** day of **July** 20 **18** at **3:57** AM PM (Specifically include facts constituting cause for arrest)

PROBABLE CAUSE STATEMENT

I was sent to 120 N. Lakeside Dr, Apt. #4, in the City of Lake Worth, PBC, FL 33460 to investigate a delayed domestic dispute. On arrival, I met with W/M Vernell Burris (9/19/59), who told me the following: Today at approximately 1535, he was in his bedroom, in his apartment, using his laptop when his wife, W/F Maria L. Burris ((8/29/70), barged into the room, in the process, the door knocked his laptop of the desk. He picked it up and saw the lower-left corner of the laptop was bent and he could not work the keyboard.

He got up, and with the laptop, walked out. However, he remembered he had left his wallet inside and turned around. He went inside the apartment, picked up the wallet and as he reached the front door, Maria told him to leave as she walked from behind and pushed him then struck his right arm, knocking his cell phone from his hand in the process. He walked out, drove to the district's office to make the report.

He told me they were arguing about money. I asked him if he needed medical attention and/or go to a shelter and he told me no. I gave him a pamphlet for victim's of domestic violence and a Victim's Rights and Case Information form. I placed a Level-2 call.

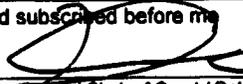
I recorded his statement with the In-car camera.

He showed me his cellphone's video and I saw when Maria pushed him and hit him.

I went to the apartment and met with Maria. I asked her if she had pushed him and/or hit him and she told me she did.

Based on the above facts, I believe probable cause exist to charge Maria L. Burris with violation of FSS. 784.03(1)(a)(1); Simple Battery.

I arrested her, and after checking the handcuffs for tightness, I double locked them. She was transported to the county jail.

ADMINISTRATIVE	Sworn and subscribed before me  31811	
	Notary Public / Clerk of Court / Police Officer	Signature of Arresting / Investigating Officer
	7/23/18 Date	D/S E. Guzman-Martinez/9082 Name of Officer (Please Print)
	7/23/18 Date	Page 1 of 1

**PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER: 18-100340

DEFENDANT'S NAME: Maria L. Burris

DEFENDANT'S STATEMENT: YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: She admitted to pushing and hitting her husband.

VICTIM'S NAME: Vernell Burris

VICTIM'S STATEMENTS: YES NO (IF YES: WRITTEN TAPED ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Serious but didn't see any injuries.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Spouse

PHOTOGRAPHS: SCENE: YES NO VICTIM(S): YES NO

911 CALL: YES NO WHO CALLED: _____

WEAPON USED: YES NO TYPE: Hands

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: _____

PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: Jax Castillo

DOB: 9/29/17

NAME: _____

DOB: _____

NAME: _____

DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____

DOB: _____

NAME: _____

DOB: _____

NAME: _____

DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO

VICTIM PREGNANT: YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: Kathi Collestes

PHONE: (561)639-4949

RELATIVE/FRIEND ADDRESS: 7124 Montric Dr, Boca Raton, FL 33413

VICTIM NOTIFICATION FORM

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

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

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

1. Incident Report #: 18-100340 Agency: PGSO
Offense: Simple Battery
Suspect/Offender: Maria L. Burris
D.O.B. 8/29/70 Race: Hispanic Sex: Female

2. Warrant #(s): _____

3.a. Victim's name: Vernell Burris D.O.B. 7/19/84 Race: W Sex: M
Address: 120 N. Lakeside Dr. Apt 4
City: Lake Worth State: FL Zip: 33460
Home #: _____ Work #: _____ Other: (561) 704-7316

b. Victim's next of kin, friend or neighbor: Kathy Collette
Address: 7124 Monticelli Dr.
City: Boca Raton State: FL Zip: 33413
Home #: _____ Work #: _____ Other: (201) 639-9949

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: E. J. G. I.D.# 9082 Date: 7/23/18

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018024498	Date: 7/24/2018
	Specialist Name/ID: J. Beck/9007