

Jd # 0493277

Pch # 1449

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 17150670</b>	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator <b>01</b>
Location of Arrest (Including Name of Business) <b>1687 MAGNOLIA DR WPB</b>			Location of Offense (Business Name, Address) <b>1687 MAGNOLIA DR, WEST PALM BEACH, FL, 33417</b>			
Date of Arrest <b>11/12/2017</b>	Time of Arrest <b>9:35</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>Cofer, Melissa, Dianne</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>04/18/1984</b>	Height <b>5'02</b>	Weight <b>150</b>	Eye Color <b>BROWN</b>	Hair Color <b>RED</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>MARRIED</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>1687 Magnolia Ln, West Palm Beach, FL 33422</b>				Phone <b>(561) 201-3263</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>2</b>						
Permanent Address (Street, Apt. Number) <b>N/A, N/A</b>				Phone <b>( )</b>		Address Source <b>DRIVER'S LICENSE</b>						
Business Address (Name, Street) <b>N/A</b>				Phone <b>(N/A)</b>		Occupation <b>CASHIER</b>						
D/L Number, State <b>C160544846380, FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>TENNESSEE Rockwood</b>		Citizenship <b>U.S.A</b>				

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony
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"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Residence Phone <b>( )</b>	
Address (Street, Apt. Number) <b>( )</b>	(City) <b>( )</b>	(State) (Zip) <b>( )</b>
Business Phone <b>( )</b>		

Notified by: (Name)	Date	Time	Juvenile Disposition Handled/processed within Date 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 The defendant (if parent) was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.			School Attended	Grade	
<input type="checkbox"/> Yes, by: (Name)	<input type="checkbox"/> No: (Reason)				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property			

VICTIM NOTIFICATION  
REQUIRED

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/Denv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>SIMPLE DOMESTIC BATTERY</b>		Counts <b>01</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1)(A)(2)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>17150670</b>	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address)					
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 <b>11/12/2017</b>	

HOLD for other Agency Name:	Signature of Arresting Officer <b>[Signature]</b>	Name Verification (Printed by Arrestee) <b>SCANNED</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>D/S C. PELAYO</b>	(PRINT) <b>NOV 13 2017</b>
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	I.D. # <b>28996</b>	PAGE <b>1 OF 1</b>
Intake Deputy <b>[Signature]</b>	Transporting Officer <b>[Signature]</b>	Witness here to collect signed form -X- <b>1 OF 1</b>

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number Agency ORI Number FLO 500000 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 06-17150670

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Charge Description: SIMPLE DOMESTIC BATTERY 784.03(1)(A)(2)

Name: Cofer, Melissa, Dianne Race: W Sex: F Date of Birth: 04/18/1984 Local Address: Business Address: N/A Occupation: UNKNOWN

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. [X] was found to have committed the below acts, resulting from my (described) investigation.

On the 12TH day of NOVEMBER 20 17 at 1000 [X] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

On November 12th, 2017 at approximately 0506 hours I responded to [redacted] to a residence located in unincorporated West Palm Beach, Florida, 33417, Palm Beach County in reference to a possible shooting of a firearm.

Prior to my arrival, I was informed by Palm Beach County Sheriff's Office Communications that they received an emergency call for service that detailed an eleven year old complainant named Brianna. Brianna informed dispatch that her mother needed assistance and her father pulled a trigger with possible intentions to kill himself.

Outside of the residence were two children, later identified as [redacted]. Accompanying them was their father, [redacted]. I asked both children if they were hurt or suffered any injuries during the course of the incident and both of them stated that they felt okay and were not hurt during the altercation. I directed my attention to [redacted] and asked how many people reside inside of the residence. [redacted] stated that a total of five people live inside of the residence and that his wife, Melissa Cofer, and his eldest daughter, [redacted] left the residence shortly before law enforcement arrived. [redacted] stated that him and Melissa have two children together and have been married for four years.

When conducting my fact finding interview with [redacted], he stated that at approximately 0330 hours on 11/12/2017 Melissa returned home after a night of drinking and initiated a verbal altercation with him. [redacted] stated that she starts to "show her ass" when she drinks past her limits. [redacted] stated that Melissa started screaming at him and yelling obscenities at his person while pacing around the residence.

I observed purplish bruising around [redacted] right eye socket and possible broken blood vessels to his eye. [redacted] also had a minor abrasion to the right side of his face. When I asked him about the mark on his face that looked different from a strike injury he stated that he could not remember.

I spoke with [redacted] and she stated that she was sleeping and did not witness any altercation between both parties. When speaking to [redacted] he stated that he saw his mother, Melissa attack [redacted] multiple times and then saw her leave the residence with [redacted] off unassisted.

Palm Beach County Sheriff Deputies checked the following location's to locate Melissa and [redacted] but were unsuccessful : 1803 Magnolia Lane and 5780 Whitehall Lane. Melissa was unable to be contacted throughout the investigation.

Based upon the above notations and my investigation I have probable cause on Melissa Cofer for violating Florida State Statute 784.03(1)(A)(2) Simple Domestic Battery.

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) D/S C. PELAYO #28996

The foregoing instrument was sworn to or affirmed and subscribed before me this 12TH day of NOVEMBER 20 17 by D/S C. PELAYO

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) SCANNED NOV 13 2017

# 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 #: 17150670 Agency: PALM BEACH COUNTY SHERIFF'S OFFICE  
Offense: SIMPLE DOMESTIC BATTERY  
Suspect/Offender: Cofer, Melissa, Dianne  
D.O.B. 04/18/1984 Race: W Sex: F

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: [REDACTED] D.O.B. 06/13/1981 Race: W Sex: M  
Address: [REDACTED]  
City: [REDACTED]  
Home #- [REDACTED] Work #: (N/A) 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: [REDACTED]

Deputy's Name: D/S C. PELAYO I.D.# 28996 Date: 11/12/2017

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: **Cofer, Melissa, Dianne**  
COURT CASE/WARRANT#:  
(FOR WARRANTS USE ONLY)

SCANNED

NOV 13 2017