

0510322/3221

NR

19MM 9620

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06 19-105937

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business) Location of Offense (Including Name of Business)

Date of Arrest: Aug 19, 2019 Time of Arrest: 1846 Booking Date Booking Time Jail Date Jail Time Location of Vehicle

Name (Last, First, Middle): WEINER MICHAEL ERIC Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: W Sex: M Date of Birth: 09/09/1958 Height: 5'5 Weight: 195 Eye Color: BROWN Hair Color: GRAY Complexion: LIGHT Build: MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): SCAR ON ABDOMEN Marital Status: MARRIED Religion: NONE

Local Address (Street, Apt. Number) City State Zip Phone: 561-506-0108 Residence Type: 1. City 2. County 3. Florida 4. Out of State 1

Permanent Address (Street, Apt. Number) City State Zip Phone Address Source: DRIVER LICENSE

Business Address (Street, Apt. Number) City State Zip Phone Occupation: ENGINEER

DL Number, State: W560545583290, FL Social Security Number INS Number Place of Birth: LEVITTOWN, PA Citizenship: USA

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Guardian Other Name (Last, First, Middle) Phone

Address (Street, Apt. No.) City State Zip Business Phone

Notified By (Name) Date Time Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DAYS 3. Incarcerated

Released To (Name) Relationship 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 (Phone 561 355-2528) informed of any address change

Property Crime? Description of Property

Drug Activity: S Sell R Snuggle K Dispense/Produce N Manufacture/Produce Z Other Drug Type: N N/A B Barbiturate H Hallucinogen U Unknown

Charge Description: BATTERY (DOMESTIC) Counts: 1 Domestic Violence: [ ] Statute Violation Number: 784.03(1)(a)(1)

Drug Activity: NA Drug Type: NA Amount/Unit: NA Offense #: 19-105937 Warrant/Capias Number

Charge Description: Counts: Domestic Violence: [ ] Statute Violation Number: Violation or ORD. #

Drug Activity: Drug Type: Amount/Unit: Offense #: Warrant/Capias Number Bond

Charge Description: Counts: Domestic Violence: [ ] Statute Violation Number: Violation or ORD. #

Drug Activity: Drug Type: Amount/Unit: Offense #: Warrant/Capias Number Bond

Charge Description: Counts: Domestic Violence: [ ] Statute Violation Number: Violation or ORD. #

Drug Activity: Drug Type: Amount/Unit: Offense #: Warrant/Capias Number Bond

Location (Court, Address, Room Number) Court Date and Time

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY 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 Signature of Arresting Officer: D/S R BRITT ID #: 32414 Name Verification (Printed by Arrestee)

Dangerous Resisted Arrest Suicidal Other Name of Arresting Officer: D/S R BRITT ID #: 32414 (PRINT)

Transferring Officer: D/S R BRITT ID #: 32414 Agency: 32414 Page: 1 of 1

FILED  
2019 AUG 20 PM 7:48  
CLERMONT COUNTY  
PALM BEACH COUNTY  
WEST COUNTY BRANCH

VICTIM NOTIFICATION  
REQUIRED

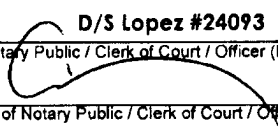
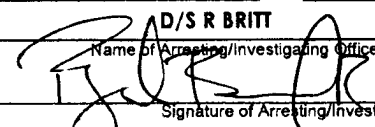
OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>		<b>19-105937</b>		
Charge Type Check as many as 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	
Defendant Name (Last, First, Middle) <b>WEINER MICHAEL ERIC</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/09/1958</b>			
Charge <b>BATTERY (DOMESTIC)</b>				Charge					
Victim Name (Last, First, Middle) <b>YOUSEFPOUR ATHENA</b>				Race	Sex	Date of Birth			
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source <b>DRIVER LICENSE</b>			
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation			
The undersign 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 _____ 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 (described) investigation.					
On the <u>19</u> day of <u>AUGUST</u> 20 <u>19</u> at <u>1846</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On August 19, 2019 at approximately 1822hrs I responded to [REDACTED] in reference to a Domestic In Progress.

I met with a white female identified by her FL Driver License as Athena Yousefpour who stated the following verbally: Today at approximately 1730hrs her husband, a white male later identified as Michael Weiner came home from work and the two of them got into a verbal argument about his kids not respecting her. Michael began yelling and cursing at her at which time he then pushed her to the ground and slapped her several times in the face, buttocks, and upper left portion of her back causing multiple noticeable marks.

As D/S Lopez ID#24093 made his way into the community as my backup he stated that he saw Michael walking down Crestwood Blvd and Bellcrest where he made contact. Michael made multiple spontaneous utterances stating "I fucked up", along with "I punched her several times, and spanked her on the butt."

Based on the spontaneous utterances made by Michael along with the marks on Athena, I have probable cause to charge Michael Weiner with one (1) count of Domestic Battery pursuant FSS 784.03 (1)(a)(1) for striking Athena in the upper back, face, and buttocks causing her to be transported to the hospital.

The foregoing instrument was sworn to and affirmed before me this <u>19</u> day of <u>August</u> 20 <u>19</u> , by:	
<u>D/S Lopez #24093</u>	<u>D/S R BRITT</u> 32414
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause Affidavit)

Defendant: WEINER MICHAEL ERIC DOB: 09/09/1958 Case #: 19-105937

Victim: YOUSSEFPOUR ATHENA DOB: [REDACTED] Race: [REDACTED] Sex: [REDACTED]

Relationship between Victim and Defendant: Husband and Wife

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: \_\_\_\_\_

Weapon Used:  Yes  No Type: \_\_\_\_\_

Witness:  Yes  No Name: Fox Yousefpour

Victim Pregnant:  Yes  No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries:  Yes  No Description: Back Pain

Medical Treatment:  Yes  No

At Scene:  Yes  No Paramedics: \_\_\_\_\_

At Hospital:  Yes  No Hospital: Palms West Hospital Physician: \_\_\_\_\_

Are children living in the home?  Yes  No DCF Notified?  Yes  No

Name: Fox Yousefpour DOB: 03/22/2005

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Injunction:  Yes  No Case #: \_\_\_\_\_

No Contact Order:  Yes  No Case #: \_\_\_\_\_

Alcohol or Drugs:  Yes  No  Unknown

Prior history of Domestic/Dating Violence  Yes  No

Defendant's statements  Yes  No If yes,  written  recorded  oral

First words Defendant said when you responded to scene: "I fucked up, I punched her multiple times in the face, back, and buttocks"

Victim's statements  Yes  No If yes,  written  recorded  oral

First words Victim said when you responded to scene: My husband just attacked me.

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?  
 Yes  No If yes, name: \_\_\_\_\_ phone: \_\_\_\_\_

Observations of Victim (Physical & Emotional): \_\_\_\_\_

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other \_\_\_\_\_

Victim contact information:

Local Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: Unemployed

Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

# 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 #: A-105937 Agency: PRSO  
Offense: DOMESTIC BATTERY  
Suspect/Offender: MICHAEL WEINER  
D.O.B. 9/9/58 Race: W Sex: M

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

3.a. Victim's name: ATHENA YOUSEFPOUR D.O.B. [REDACTED] Race: [REDACTED] Sex: [REDACTED]  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]  
Home #: [REDACTED] Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: NONE  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: \_\_\_\_\_

Deputy's Name: DS BRITT [Signature] I.D.# 32414 Date: 9/19/19

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PRSO #0028A REV. 4/08

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:



# PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

## 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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1 - 5
	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019027145 WDC	Date: 8/20/2019
	Specialist Name/ID: M. Tooks #8557