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ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

Juvenile

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OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17-026701	
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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			
Location of Arrest (Including Name of Business) JOY SALON 9804 S MILITARY TRAIL Boynton Beach, FL 33436				Location of Offense (Including Name of Business) JOY SALON 9804 S MILITARY TRAIL Boynton Beach, FL 33436			
Date of Arrest 1/14/2017	Time of Arrest 18:20hrs	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) PALEFSKG, MICHAEL Keith				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 3/21/1974	Height 6'01	Weight 180	Eye Color BRO	Hair Color BRO	Complexion LIGHT
Build BIG		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RIGHT ARM, TATTOO, EAGLE		Marital Status SINGLE		Religion JEWISH	
Local Address (Street, Apt. Number) 6999 CLOVER CT		City Lake Worth		State FL		Zip 33467	
Permanent Address (Street, Apt. Number) 6999 CLOVER CT		City LAKE WORTH		State FL		Zip 33467	
Business Address (Street, Apt. Number) JOY SALON 9804 S MILITARY TRAIL		City LAKEWORTH		State FL		Zip 33467	
D/L Number, State P-412-551-74-101-0		Social Security Number		INS Number		Place of Birth LONG ISLAND, NY	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated	
Released To (Name)		Relationship		Date		Time	
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 561 355-2526) informed of any address change. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade			
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		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description DOMESTIC BATTERY, VICTIM >65		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.08(2)(C)	
Drug Activity N		Drug Type N		Amount/Unit		Offense # 17-026701	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Location (Court, Address, Room Number) TBA							
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>							
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 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		Signature of Arresting Officer D/S S. FECTEAU		Name Verification (Printed by Arrestee)			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S S. FECTEAU		ID # 26713	
Intake Deputy D/S Caplan		ID # 13670		Pouch #		Agency PBSO	
Witness here if subject signed with an "X"		Page 1 of 1					

SCANNED

JAN 15 2017

Schwartz

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A 4. Request For Capias		1	Juvenile	n
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-026701		
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes						
Defendant Name (Last, First, Middle) PALEFSKG, MICHAEL				Race W	Sex M	Date of Birth 3/21/1974		
Charge DOMESTIC BATTERY, VICTIM >65				Charge				
Charge				Charge				
Victim Name (Last, First, Middle) PALEFSKY, CORRINE ISAACSON				Race W	Sex F	Date of Birth 12/02/1944		
Local Address (Street, Apt. Number) 6999 CLOVER CT		City Lake Worth	State FL	Zip 33467	Phone 561-557-1341	Address Source INDIVIDUAL		
Business Address (Street, Apt. Number) JOY SALON 9804 S MILITARY TRAIL		City BOYNTON BEACH	State FL	Zip 33436	Phone 561-557-1341	Occupation BUSINESS OWNER		
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 14TH day of JANUARY 20 17 at 17:24 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

I responded to 9804 S Military Trail (Joy Salon) in unincorporated Boynton Beach, Palm Beach County FL in reference to a domestic in progress.

Upon my arrival I met and spoke with w/f Corrine Isaacson Palefsky, w/f Jamie Sue Holland, b/f Claudine Claudia Norman and w/f Hellen Ragwah. Hellen stated when she had a customer at her station the customer saw a sticker on w/m Michael Keith Palefskg worker/son of Corrine (owner of the business) mirror which stated "this business accepts visa card, master card and discovery card." When the customer sitting next to Michael's station read the sign and was ready to pay, she walked up to the front counter where Corrine was sitting and wanted to pay using a credit card. Corrine stated they do not accept credit cards only cash or check. The customer then stated she saw the sign on Michael's mirror stating that the business does. Corrine then again stated they do not and walked over to Michael's station and took the sign off his mirror. Corrine and the three employee's Jamie, Hellen and Claudine stated Michael then grabbed Corrine by the shoulder's and pushed her away in an aggressive manner stating to do not touch my stuff. Corrine stated that Michael is bipolar and takes medication for it. Jamie, Hellen, and Claudine stated Michael has done acts like this in the past and seemed angry when they witnessed him do it this evening. Michael admitted to grabbing and pushing Corrine because Michael did not want her touching his stuff. Michael does not think he did anything wrong.

Based on the above facts I find probable cause to charge Michael with Domestic Battery greater than 65 years of age statue 784.02(2)(C).

The foregoing instrument was sworn to and affirmed before me this 14TH day of JANUARY 20 17 by:	
D/S A. SWIGERT	D/S S. FECTEAU 26713
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
<i>[Signature]</i> 26679	<i>[Signature]</i>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer

JAN 15 2017