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WTF

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OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1 Juvenile n																		
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>			Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>						Agency Report Number <b>06</b>		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) <b>JOY SALON 9804 S MILITARY TRAIL Boynton Beach, FL 33436</b>			Location of Offense (Including Name of Business) <b>JOY SALON 9804 S MILITARY TRAIL Boynton Beach, FL 33436</b>																												
Date of Arrest <b>1/14/2017</b>		Time of Arrest <b>18:20hrs</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																			
Name (Last, First, Middle) <b>PALEFSKG, MICHAEL Keith</b>														Alias (Name, DOB, Soc. Sec. # Etc.)																	
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>W M</b>		Date of Birth <b>3/21/1974</b>		Height <b>6'01</b>		Weight <b>180</b>		Eye Color <b>BRO</b>		Hair Color <b>BRO</b>		Complexion <b>LIGHT</b>		Build <b>BIG</b>															
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>RIGHT ARM, TATTOO, EAGLE</b>										Marital Status <b>SINGLE</b>		Religion <b>JEWISH</b>		Indication of Alcohol Influence Drug Influence		Y N <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Unk													
Local Address (Street, Apt. Number) <b>6999 CLOVER CT</b>			City <b>Lake Worth</b>			State <b>FL</b>		Zip <b>33467</b>		Phone <b>561-557-1341</b>		Residence Type 1. City 2. County		3. Florida 4. Out of State		2															
Permanent Address (Street, Apt. Number) <b>6999 CLOVER CT</b>			City <b>LAKE WORTH</b>			State <b>FL</b>		Zip <b>33467</b>		Phone <b>561-572-6313</b>		Address Source		INDIVIDUAL																	
Business Address (Street, Apt. Number) <b>JOY SALON 9804 S MILITARY TRAIL</b>			City <b>LAKEWORTH</b>			State <b>FL</b>		Zip <b>33467</b>		Phone		Occupation		<b>HAIR STYLISY</b>																	
DL Number, State <b>P-412-551-74-101-0</b>			Social Security Number			INS Number			Place of Birth		Citizenship		<b>US</b>																		
Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile													
Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile													
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> 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/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 561 355-2528) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)										School Attended																					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No										Description of Property										Value of Property											
Drug Activity N. NA P. Possess			S. Sell B. Buy T. Traffic			R. Smuggle D. Deliver E. Use			K. Dispense/ Distribute Produce Cultivate			M. Manufacture/ Distribute Produce Cultivate			Z. Other			Drug Type N. NA A. Amphetamine			B. Barbiturates C. Cocaine E. Heroin			H. Hallucinogen M. Marijuana			P. Paraphernalia/ Equipment			U. Unknown Z. Other	
Charge Description <b>DOMESTIC BATTERY, VICTIM &gt;65</b>										Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>784.02(2)(C)</b>		Violation or ORD. # <b>784.02(2)(C)</b>															
Drug Activity <b>N</b>			Drug Type <b>N</b>			Amount/Unit			Offense #			Warrant/Capias Number <b>17-026701</b>																			
Charge Description										Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #															
Drug Activity			Drug Type			Amount/Unit			Offense #			Warrant/Capias Number								Bond											
Charge Description										Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #															
Drug Activity			Drug Type			Amount/Unit			Offense #			Warrant/Capias Number								Bond											
Charge Description										Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #															
Drug Activity			Drug Type			Amount/Unit			Offense #			Warrant/Capias Number								Bond											
Location (Court, Address, Room Number)										TBA																					
Court Date and Time										2017-01-15																					
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 WILFULLY 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 <b>SE 26713</b>					Name Verification (Printed by Arrestee)																					
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal					Name of Arresting Officer <b>D/S S. FECTEAU</b>					ID # <b>26713</b>																					
(PRINT)					(PRINT)																										
Intake Deputy <b>D/S Schwartz 13670</b>					Transporting Officer <b>D/S Schwartz 13670</b>					Agency <b>PBSO</b>					SCANNED JAN 15 2017																
Witness here if subject signed with an 'X'																															

Schwartz

CBTS Number

## PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

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Agency C/I Number <b>FLO 5 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>	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) <b>PALEFSKG, MICHAEL</b>			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>3/21/1974</b>	
Charge <b>DOMESTIC BATTERY , VICTIM &gt;65</b>		Charge				
Charge		Charge				
Victim Name (Last, First, Middle) <b>PALEFSKY, CORRINE</b>			Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/02/1944</b>	
Local Address (Street, Apt. Number) <b>6999 CLOVER CT</b>		City <b>Lake Worth</b>	State <b>FL</b>	Zip <b>33467</b>	Phone <b>561-557-1341</b>	Address Source <b>INDIVIDUAL</b>
Business Address (Street, Apt. Number) <b>JOY SALON 9804 S MILITARY TRAIL</b>		City <b>BOYNTON BEACH</b>	State <b>FL</b>	Zip <b>33436</b>	Phone <b>561-557-1341</b>	Occupation <b>BUISNESS OWNER</b>
The undersigned 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>14TH</u> day of <u>JANUARY</u> 20 <u>17</u> at <u>17:24</u> <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 statute 784.02(2)(C).

The foregoing instrument was sworn to and affirmed before me this		<u>14TH</u>	day of	<u>JANUARY</u>	20	<u>17</u>	by:
D/S A. SWIGERT		D/S S. FECTEAU					<u>26713</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Investigating Officer					
<u>26679</u>		<u>SCANNED</u>					
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Signature of Arresting/Investigating Officer					
<u>JAN 15 2017</u>							Page <u>1</u> of <u>1</u>