19MM00250 6250

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 06- 19027750

Charge Type: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Weapon Seized / Type: 2 | 1. Yes 2. No NONE

Multiple Clearance Indicator: 02

Location of Arrest (Including Name of Business):

Location of Offense (Business Name, Address): 1930 DOFFER LN , NORTH PALM BEACH, FL 33408

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

DEFENDANT

Name (Last, First, Middle): Harvey, Michael, Kevin

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	12/10/1979	6'02	200	BLU	BRO	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): STARS ON UPPER BACK / LEFT INNER BICEP "IIKA"

Marital Status: Divorced

Religion: NONE

Indication of: Alcohol Influence [ ] Y [ ] N [ ] Unk. / Drug Influence [ ] Y [ ] N [X] Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 1200 Town Center Dr Apt 307, Jupiter, FL 33458

Phone: (561) 6760057

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,

Phone: ( )

Address Source: FLDL

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: UNK

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H610551794500, FL	[redacted]		WPB, FL	USA

CO-DEF

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

JUVENILE

[ ] Parent [ ] Legal Custodian [ ] Other:

Residence Phone: ( )

Address (Street, Apt. Number) (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 provided by [ ] defendant and / or [ ] defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. [ ] Yes by: (Name) [ ] No: (Reason)

School Attended: Grade:

Property Crime? [ ] Yes [ ] No

Description of Property:

Value of Property:

CODE

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/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
VIOLATION OF NO CONTACT ORDER	1	[X] Y [ ] N	921.244(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
U	U	NA	19027750		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Aggravated (post injunction for protection)	1	[X] Y [ ] N	784.048(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
U	U	NA	19027750		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		[ ] Y [ ] N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		[ ] Y [ ] N		

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

NOTICE TO APPEAR

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

ADMIN

HOLD for other Agency Name:

Signature of Arresting Officer: X

Name Verification (Printed by Arrestee) (PRINT)

[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other:

Name of Arresting Officer (Print): R SANDERS I.D. #: 25666

Intake Deputy I.D. # Pouch #

Transporting Officer ID # Agency

Witness here if subject signed with an -X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19027750

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Harvey, Michael, Kevin		W	M	12/10/1979

CHARGES

Charge Description		Charge Description	
VIOLATION OF NO CONTACT ORDER	921.244(1)	Aggravated (post injunction for protection)	784.048(4)
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Harvey, Autumn, Grace	W	F	06/07/1987

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
1930 Doffer Lane Apt East, North Palm Beach, FL 33408	(561) 3731454	FLDL
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
	( )	REALITOR

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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts. resulting from my (described) investigation.

On the 19 day of JANUARY 20 19 at 1810 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On 1/19/2019 at approximately 1734 hours I was dispatched to 2090 Juno Rd at Juno Park, located in unincorporated Palm Beach County, FL in reference to a domestic related incident.

Upon arrival I met with the caller Autumn Harvey who advised the following. She has a valid order of no contact with her ex-husband Michael Harvey reference Palm Beach County State Attorney case 502017DR006029XXXXNB. The order advised the following on page 3 section 2 states the following No Contact. Respondent (Michael Harvey) shall have no contact with Petitioner (Autumn Harvey) unless otherwise provided in this section.

A. Unless otherwise provided herein, Respondent shall not directly or indirectly contact Petitioner in person, by mail, e-mail, fax, telephone, through another person, or in any other manner. Further, Respondent shall not contact or have any other third party contact anyone connected with Petitioner's employment or school to inquire about Petitioner or to send any messages to the Petitioner. Unless otherwise provided herein, Respondent shall no go to, in, or within 500 feet of: 1930 Doffer Ln North Palm, FL 33408 or any residence to which Petitioner may move; Petitioner's current or any subsequent place of employment or place where Petitioner attends school; Allamanda Elementary 10300 Alamanda Dr PBG FL 33410 or the following other places (if requested by the Petitioner) where the Petitioner or Petitioner's minor child(ren) go often. Respondent may not knowingly come within 100 feet of Petitioner's automobile at any time.

I requested Palm Beach County Sheriff's Office dispatch to verify that the order of no contact was valid and they confirmed that it was. Autumn advised that she uses an app approved to communicate with Michael and it has become harassing in nature recently. She showed me a text message that she advised that was from Michael's work the same in nature that last year about some deal or special that they were having. She advised that she received a card addressed to their son Damien that was postmarked and a few days later a card for their daughter Jade. The concerning part about the letter to Jade is that it was not postmarked indicating that it was placed into the mailbox and was no sent through the postal system. This would indicate that Michael or a third party had paced it there. It should be noted that there was no return address for either envelope, but the card was signed DAD. She stated that she knows that it was his handwriting due to the fact that she was with him for 7 years.

Attempts to get in contact with Michael yielded negative results.

Based upon her statements and evidence provided I find probable cause to file charges on Michael Harvey for VIOLATION OF NO CONTACT ORDER that he did willfully have contact, directly or indirectly, or through a third party, with Autumn Harvey during the imposed sentence after being ordered by a court at the time of sentencing to have no contact, contrary to Florida Statute 921.244(1) and (2). (3 DEG FEL)(LEVEL 1).

Based upon her statements and evidence provided I find probable cause to file charges on Michael Harvey for AGGRAVATED STALKING (post injunction for protection) where he did knowingly, willfully, maliciously, and repeatedly follow, harass, or cyberstalk Autumn Harvey after an injunction for protection or after any other court imposed prohibition of conduct toward Autumn Harvey or Autumn Harvey's property, contrary to Florida Statute 784.048(4). (3 DEG FEL) (LEVEL 7)

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

R SANDERS
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of JANUARY 20 19 by R SANDERS

(Print name of Arresting Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced KNOWN LAW ENFORCEMENT

2478
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Harvey, Michael, Kevin DOB: 12/10/1979 Case #: 19027750

Victim: Harvey, Autumn, Grace DOB: 06/07/1987 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes × No Victim Yes × No Defendant Yes × No

911 Call: × Yes No Caller: Harvey, Autumn, Grace

Weapon Used: Yes × No Type: _____

Witness: Yes × No Name: _____

Victim Pregnant: Yes × No If yes, ___ weeks _____ months

Injuries: Yes × No Description: _____

Medical Treatment: Yes × No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? × Yes No DCF Notified? Yes × No

Name: DOB: ___/___/_____

Name: DOB: ___/___/_____

Name: DOB: ___/___/___

Injunction × Yes No Case #: 502017DR006029XXXXNB

No Contact Order × Yes No Case #: 502017DR006029XXXXNB

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: _____

Victim's Statements × Yes No If yes, written ×recorded oral

First words Victim said when you responded to scene: SEE VIDEO

Did the Victim contact anyone other than 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: 1930 Doffer Lane Apt East, North Palm Beach, FL 33408

Phone: Home (561) 3731454 Work (___)___ -_____ Cell (___)___ -_____

Employer: _____

Name of Relative: _____ Phone (___)_____-_____

Address: _____

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