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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		16157461	
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		If Weapon Seized Enter Type		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) 9359 HI Drive Palm Beach Gardens					Location of Offense (Including Name of Business) same				
Date of Arrest 11/28/16	Time of Arrest 1306	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) MULLEN					Alias (Name, DOB, Soc. Sec. #, Etc.) MISTY				
Race W. White 1- American Indian B. Black 0- Oriental/Asian	Sex F	Date of Birth 10/20/1980	Height 5'3	Weight 145	Eye Color BROWN	Hair Color brown	Complexion dark	Build SMALL	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) BURNS ON THE RIGHT					Marital Status MARRIED	Religion CHRISTIAN	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) 9359 HI DR		City PALM BEACH GARDENS	State FL	Zip 33403	Phone 5612452073	Residence Type 1. City 3. Florida 2. County 4. Out of State		2	
Permanent Address (Street, Apt. Number) SAME ABOVE		City	State FL	Zip 334003	Phone	Address Source verbal			
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation DENTAL			
D/L Number, State M450544808801		Social Sec. #	INS Number		Place of Birth W. P. B. FLA	Citizenship yes			
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>	
<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. Handed/Processed withn Depr. 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. Dispenser Distribute	M. Manufacture/ Produce Cultivate	Z. Other	Drug type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	
Charge Description SIMPLE BATTERY		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03 1A		Violation or ORD. #			
Drug Activity n	Drug Type n	Amount/Unit	Offense # 16157461	Warrant/Capias Number		Bond none			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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)									
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 Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer DS S. BUSH		ID # 6558		Name Verification (Printed by Arrestee) (PRINT)			
Intake Deputy ID # Pouch #		Transporting Officer DS. S BUSH		ID # 6558		Agency 6558			
Witness here if subject signed with an "X"						Page 1 of 1			

SCANNED
NOV 29 2016

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1 Arrest 3 Request For Warrant 2 N.T.A 4 Request For Capias		Juvenile <input type="checkbox"/>	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06 16157461			
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) MULLEN MISTY						Race W	Sex F	Date of Birth 10/20/1980	
Charge SIMPLE BATTERY						Charge			
Victim Name (Last, First, Middle) MULLEN CINDY						Race w	Sex f	Date of Birth 02/04/1948	
Local Address (Street, Apt. Number) 9359 HI DRIVE		City PALM BEACH GARDENS		State FI	Zip 33403	Phone		Address Source VERBAL	
Business Address (Street, Apt. Number)		City		State	Zip	Phone		Occupation none	
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"/> confessed to admitting to the below facts.									
<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.									
<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.									
On the 28TH day of NOVEMBER 20 16 at 1306 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On 11/28/16 at approximately 1242 hours I was dispatched to 9359 Hi Drive, Palm Beach Garden, Florida unincorporated Palm Beach County reference a domestic dispute.

Upon my arrival I met with Cindy Mullen who told me her daughter Misty Mullen scratched her right arm with her nails. She got into a verbal altercation with Misty because she did not wanted to leave her residence. She allowed Misty to live with her for two weeks until she get on her feet. She went on to say the Misty had been drinking and was possible drunk .

During my investigation I observed multiple scratches on Cindy's right arm. Cindy refused medical care at the scene and refused to give me a written statement. Misty receive medical care for complaints of a panic attack. Domestic Violence Pictures were taken and placed on the domestic violence website . It was determined that there is probable cause to arrest Misty for simple domestic battery FSS pursuant 784.03 1A1. She was arrested and transported to the Palm Beach County Jail without incident.

The foregoing instrument was sworn to and affirmed before me this 28th day of November 20 16 , by:			
Sgt. Hickok Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		DS S. BUSH Name of Arresting/Investigating Officer	
[Signature] Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		[Signature] Signature of Arresting/Investigating Officer	
		SCANNED NOV 29 2016	
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