

04191892

3021

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

1

Juvenile ☐

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17128557	
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		# Weapon Seized Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)				Location of Offense (Including Name of Business)			
Date of Arrest Sep 18, 2017		Time of Arrest 0155		Booking Date Sep 18, 2017		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) FISH MONICA ANNE		Alias (Name, DOB, Soc. Sec. #, Etc.) Monica Anne Price					
Race W - White 1 - American Indian B - Black O - Oriental/Asian W F		Sex 06/24/1983		Height 5'01		Weight 115	
Eye Color Blue		Hair Color Brown		Complexion Light		Build Thin	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Right wrist Pineapple Left Wrist Tree of Life				Marital Status Married		Religion Buddhist	
Local Address (Street, Apt. Number) 7367 Prescott Lane				State FL		Zip 33467	
Phone 516-996-6314				Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number) SAME				State FL		Zip 33467	
Phone 516-996-6314				Address Source DAVID			
Business Address (Street, Apt. Number)				State FL		Zip 33467	
Phone 516-996-6314				Occupation Artist			
D/L Number, State F-200-541-83-724-0		Social Security Number		INS Number		Place of Birth Pheonix AZ	
Citizenship USA							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<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		Relationship		Time	
Released To (Name)		Date		Relationship		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		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03 1A2	
Violation or ORD. #							
Drug Activity N		Drug Type N		Amount/Unit		Offense # 17128557	
Warrant/Capias Number		NO BOND					
Charge Description Child Neglect		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 827.03 2D	
Violation or ORD. #							
Drug Activity N		Drug Type N		Amount/Unit		Offense # 17128557	
Warrant/Capias Number		NO 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 Month Day Year Time AM <input checked="" 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"/> Registed Arrest <input type="checkbox"/> Other		Signature of Arresting Officer D/S Ramirez Name of Arresting Officer D/S Ramirez ID # 26733		Name Verification (Printed by Arrestee) SEP 18 2017 4:31 (PRINT)		Page 1 of 1	
Intake Deputy Thomas ID # 26672		Pouch #		Transporting Officer D/S Certain ID # 26672 Agency PBSO		Witness here if subject signs with arrestee	

SCANNED
SEP 18 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		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		17128557	
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) FISH MONICA ANNE				Race W	Sex F	Date of Birth 06/24/1983	
Charge Domestic Battery				Charge Child Neglect			
Victim Name (Last, First, Middle)				Race W	Sex M	Date of Birth 12/20/1965	
Local Address							
Business Address							
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 18 day of September 20 17 at 0155				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			

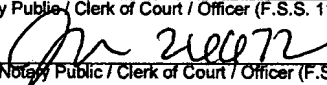
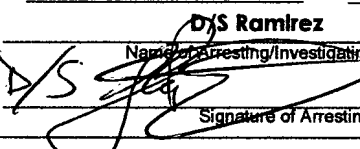
On 9/18/17 at approximately 0114 hrs units responded to [REDACTED] in unincorporated Lake Worth, Palm Beach County, FL in reference to a domestic battery call. On arrival contact was made with the complainant/victim [REDACTED] who stated he was involved in a domestic incident with his [REDACTED] Monica Fish. [REDACTED] said Monica had been drinking tonight and they began to argue. As a result their [REDACTED] woke up. [REDACTED] said Monica went up to her [REDACTED] and picked him up, but as she was intoxicated she was very unsteady on her feet while she carried him. [REDACTED] said he went to take [REDACTED] from her to keep him from getting injured and as he did Monica bit down on his left thumb, causing a laceration to the thumb. He said she tried to bite him again and inadvertently bit [REDACTED] on his right arm, causing a minor abrasion. He said he then shoved her to get her away from [REDACTED] said he put [REDACTED] down and Monica picked him up again and began to carry him downstairs. [REDACTED] was concerned for [REDACTED] safety because of Monica's condition and was able to get him away from her. He said Monica tumbled down the stairs and ran out of the house.

I then spoke to Monica who was at a neighbor's house. She said she and [REDACTED] are in the middle of a divorce and tonight they were talking about a mediator for the process when [REDACTED] woke up. She said she went up to him and while she was with him [REDACTED] came and punched her with a closed fist on the right side of her head. She also claimed she suffered a loose tooth, but the tooth is on the left side of her face and she said she is not sure how the tooth became loose.

Both parties were treated by EMS on scene and released.

I find evidence to support a charge of battery against Monica for intentionally and without permission biting [REDACTED] against his will. I also find evidence to support a charge of child neglect against Monica as her actions could reasonably be expected to result in serious injury to the child. She was taken into custody and transported to the main jail where she was turned over to correctional personnel.

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SEP 18 2017

The foregoing instrument was sworn to and affirmed before me this 18 day of September 20 17 , by:	
D/S Certain #26672	D/S Ramirez 26733
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 1 of	

PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER: 17-128557

DEFENDANT'S NAME: Monica Fish

DEFENDANT'S STATEMENT: ☒ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☒ ORAL)

SYNOPSIS: See PC

VICTIM'S NAME: [REDACTED]

VICTIM'S STATEMENTS: ☒ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☒ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) See PC

RELATIONSHIP BETWEEN VICTIM AND SUSPECT [REDACTED]

PHOTOGRAPHS: SCENE: ☐ YES ☐ NO VICTIM(S): ☒ YES ☐ NO

911 CALL: ☒ YES ☐ NO WHO CALLED: Victim

WEAPON USED: ☐ YES ☒ NO TYPE: _____

MEDICAL TREATMENT: ☒ YES ☐ NO

AT SCENE: ☒ YES ☐ NO PARAMEDICS: PBCFR Engine 46

AT HOSPITAL: ☐ YES ☐ NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: ☒ YES ☐ NO

NAME [REDACTED] DOB: 12/04/13

NAME [REDACTED] DOB: 5/29/09

NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☒ YES ☐ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME [REDACTED] DOB: 12/04/13

NAME: _____ DOB: _____

NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) ☒ YES ☐ NO

VICTIM PREGNANT: ☐ YES ☒ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☒ NO

ALCOHOL OR DRUGS INVOLVED: ☒ YES ☐ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: _____ PHONE: _____

RELATIVE/FRIEND ADDRESS: _____

PBSO #0004A REV. 01/01

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SEP 18 2017

VICTIM NOTIFICATION FORM

- 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
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17128557 Agency: Palm Beach County Sheriff's Office
Offense: Domestic Battery
Suspect/Offender: FISH MONICA ANNE
DOB: 06/24/1983 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: _____ DOB: 12/20/1965 Race: W Sex: M
Address: _____
City: _____
Home #: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: D/S Ramirez ID #: 26733 Date: 09/18/2017

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

FISH

MONICA

ANNE

COURT CASE/WARRANT #

(FOR WARRANTS USE ONLY)