

0491892

3021

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	Juvenile	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE						Agency Report Number 06		17128557		
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator		
Location of Arrest (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 B - Black	Sex W - Female B - Male	Date of Birth 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	Indicator of Alcohol Influence Drug Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 7367 Prescott Lane			City Lake Worth	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			City	State	Zip	Phone	Address Source DAVID					
Business Address (Street, Apt. Number)			City	State	Zip	Phone	Occupation Artist					
DL Number, State F-200-541-83-724-0		Social Security Number		INS Number		Place of Birth	Pheonix <i>A2A</i>		Citizenship USA			
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		Initials		Time				
Released To (Name)			Relationship	Date		Time		Grade				
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									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					Value of Property					
Drug Activity 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. NA A. Amphetamine	B. Barbiturates 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		Bond 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		Bond NO 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)												
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				Signature of Arresting Officer <i>D/S Ramirez</i>				Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other _____				Name of Arresting Officer D/S Ramirez		ID # 26733	(PRINT)	
Intake Deputy <i>Thomas</i>		ID #	Pouch #	Transporting Officer D/S Certain #26672	ID #	Agency PBSO	Witness here if subject signed this document				Page _____ of _____	

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

Agency ORI Number FLO 5 0 0 0 0 0	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 checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor		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			
Charge		Charge			
Victim Name (Last, First, Middle)		Race W	Sex M	Date of Birth 12/20/1965	
Local Address (S)					
Business Address					
<p>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...</p> <p><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.</p> <p><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.</p>					
<p>On the 18 day of September 20 17 at 0155 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>					

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.

SCANNED
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
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)						26733
						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 1

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: [REDACTED] 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: [REDACTED] DOB: _____

NAME: [REDACTED] 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

SCANNED
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