

4002102

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

1 Juvenile N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>17-057763</b>	
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		Multiple Clearance Indicator		Location of Arrest (Including Name of Business) <b>Bethesda Memorial Hospital, 2815 Seacrest Blvd Boynton Beach, FL 33436</b>		Location of Offense (Including Name of Business) <b>9305 Longmeadow Circle Boynton Beach, FL 33436</b>	
Date of Arrest <b>3/29/17</b>	Time of Arrest <b>1847</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) <b>Courtenay Nicole</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>11/20/76</b>	Height <b>5-9</b>	Weight <b>130</b>	Eye Color <b>Blue</b>	Hair Color <b>Black</b>	Complexion <b>Fair</b>	Build <b>Small</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Shoulder</b>					Marital Status <b>Married</b>	Religion	Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/>		
Local Address (Street, Apt. Number) <b>9305 Longmeadow Circle</b>		City <b>Boynton Beach, FL 33436</b>	State <b>FL</b>	Zip <b>33436</b>	Phone <b>727 280-7588</b>	Residence Type 1. City 2. County 3. Florida 4. Out of State		<b>2</b>	
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source			
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation			
D/I Number, State <b>C635-620-76-920-0, FL</b>		Social	INS Number	Place of Birth <b>New Jersey</b>	Citizenship <b>U.S.A.</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 561-355-2526) 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. 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	
Charge Description <b>Battery</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03 1A1</b>		Violation or ORD. # <b>NONE</b>			
Drug Activity	Drug Type	Amount/Unit	Offense # <b>17-057763</b>	Warrant/Capias Number		Bond			
Charge Description <b>Battery</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>784.03 1A1</b>		Violation or ORD. # <b>OP</b>			
Drug Activity	Drug Type	Amount/Unit	Offense # <b>17-057763</b>	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 COME 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 <b>D/S J. Bernal</b>		ID # <b>5908</b>		Name Verification (Printed by Arrestee) (PRINT)			
Intake Deputy <b>D/S. C. GILYARD</b>		ID # <b>#7392</b>		Pouch # <b>3061</b>		Transporting Officer <b>J. Lopez</b>		ID # <b>91560</b>	
Agency <b>PRSO</b>		Page <b>1 of 1</b>							

SCANNED

MAR 30 2017

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest    3. Request For Warrant 2. N.T.A.    4. Request For Capias		<div style="border: 1px solid black; padding: 2px;">1</div>	Juvenile <input type="checkbox"/>
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>		<b>17-057763</b>	
Charge Type Check as many as apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. Felony  <input type="checkbox"/> 2. Traffic Felony         </div> <div> <input checked="" type="checkbox"/> 3. Misdemeanor  <input type="checkbox"/> 4. Traffic Misdemeanor         </div> <div> <input type="checkbox"/> 5. Ordinance  <input type="checkbox"/> 6. Other         </div> </div>		Special Notes					
Defendant Name (Last, First, Middle) <b>Courtenay Nicole</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/20/76</b>	
Charge <b>Battery</b>		Charge <b>Battery</b>					
Charge		Charge					
Victim Name (Last, First, Middle) <b>Courtenay Jurnee</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>6/4/79</b>	
Local Address (Street, Apt. Number) <b>9305 Longmeadow Circle</b>		City <b>Boynton Beach, FL</b>		State <b>33436</b>	Phone <b>561 396-5591</b>	Address Source	
Business Address (Street, Apt. Number)		City		State	Zip	Phone	Occupation
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... <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> committed the below acts in my presence.   <input type="checkbox"/> confessed to _____          admitting to the below facts.         </div> <div> <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.         </div> </div>							
On the <b>29th</b> day of <b>March</b> 20 <b>17</b> at <b>12:05</b> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM							

I arrived at 9305 Longmeadow Circle located in unincorporated Boynton Beach in reference to a domestic disturbance. I met with the victim and complainant, Jurnee Courtenay. Present with the victim 1 was victim 2, white female, identified as Helen Kimball.

Jurnee Courtenay stated that last night he had requested PBSO deputies for a standby as he began to move his belongings. He had decided to leave his wife/defendant because he was tired of her abuse. Jurnee Courtenay returned today with his friend, victim 2, to finish picking up the rest of his belongings. When they entered the apartment the defendant attacked both victims with punches and kicks.

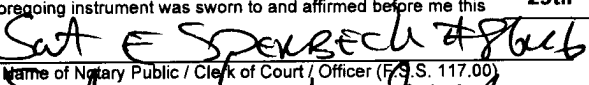
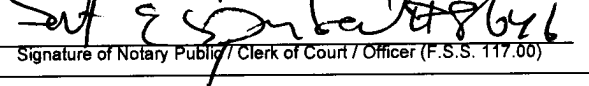
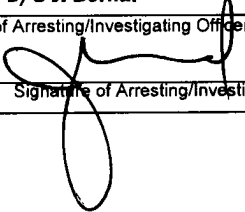
Jurnee Courtenay sustain no injuries but she showed me black and blue bruising on his left arm above the elbow and his black and blue bruising on his right knee. These injuries were sustained yesterday when the defendant attacked Jurnee Courtenay in a similar manner.

The defendant punched Helen Kimball in the face. The eyeglasses she was wearing cut her at the top of her nose.

Based on above facts there is probable cause to believe that the defendant committed the offense of domestic battery when and she did actually and intentionally strike the victim 1, Jurnee Courtney, against his will pursuant to Florida State Statute 784.03 (1)(a)2.

Furthermore, there is probable cause to believe that the defendant did commit the offense of battery when she did actually and intentionally strike the victim 2, Helen Kimball, against her will pursuant to Florida State Statute 784.03(1)(a)2.

**SCANNED**  
**MAR 30 2017**

The foregoing instrument was sworn to and affirmed before me this <b>29th</b> day of <b>March</b> 20 <b>17</b> , by:	
 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<b>D/S J. Bernal</b> Name of Arresting/Investigating Officer
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	 Signature of Arresting/Investigating Officer
Page <b>2</b> of <b>8</b>	

OBTS Number		<b>*PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest    3. Request For Warrant 2. N.T.A.   4. Request For Capias <span style="border: 1px solid black; padding: 0 5px;">1</span> Juvenile <input type="checkbox"/>	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 17-057763</b>	
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____		Special Notes			
Defendant Name (Last, First, Middle) <b>Nicole Courtenay</b>				Race <b>W</b>	Sex <b>F</b>
				Date of Birth <b>11/20/76</b>	
Charge <b>Battery</b>		Charge <b>Battery</b>			
Charge		Charge			
Victim Name (Last, First, Middle) <b>Helen Kimbell</b>				Race <b>W</b>	Sex <b>F</b>
				Date of Birth <b>5/3/72</b>	
Local Address (Street, Apt. Number) <b>14290 Paradise Point Road</b>		City <b>West Palm Beach, FL</b>		State <b>33410</b>	Zip
Business Address (Street, Apt. Number)		City		State	Zip
				Phone <b>561 324-6549</b>	Address Source
				Phone	Occupation
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"/> 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 <b>29th</b> day of <b>March</b> 20 <b>17</b> at <b>12:05</b> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM					

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_____ Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) _____ Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	_____ <b>D/S J. Bernal</b> <b>5908</b> Name of Arresting/Investigating Officer _____ Signature of Arresting/Investigating Officer
Page <b>38</b> of _____	