0512246 / 317   19MM12196 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06 19132590

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: 0 1

Location of Arrest (Including Name of Business)	Location of Offense (Including Name of Business)
25 S Lakeside Dr #1 Lake Worth, Fl 33460	25 S Lakeside Dr #1 Lake Worth, Fl 33460

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Nov 1, 2019	0236					

Name (Last, First, Middle): Alders Paul David
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/22/1970	6'1"	230	green	brown	light	medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): sleeve on right arm
Marital Status: Single
Religion: None
Indication of: Alcohol Influence ☐Y ☐N ☒Unk; Drug Influence ☐Y ☐N ☒Unk

	Address	City	State	Zip	Phone
Local Address (Street, Apt. Number)	25 S Lakeside Dr #1	Lake Worth	Fl	33460	954-306-6790
Permanent Address (Street, Apt. Number)	25 S Lakeside Dr #1	Lake Worth	Fl	33460	
Business Address (Street, Apt. Number)					

Residence Type (1. City 2. County 3. Florida 4. Out of State): 1
Address Source: Verbal
Occupation: Graphic design

D/L Number, State	Social Security Number	INS Number	Place of Birth	Citizenship
A436684700220	[redacted]		Long Island, NY	US

Co-Defendant Name (Last, First, Middle) / Race / Sex / Date of Birth / ☐ 1. Arrested ☐ 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

☐ Parent ☐ Legal Guardian ☐ Other — Name (Last, First, Middle): — Phone:

Address (Street, Apt. No.): — State — Zip — Business Phone

VICTIM NOTIFICATION REQUIRED

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 ☐ defendant and/or ☐ 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 ☐ Yes, by: (Name) ☐ No: (Reason)
School Attended: — Grade:

Property Crime? ☐ Yes ☐ 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	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
Battery (Domestic)	1	☒Y ☐N	784.03(1A1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N	N/A	19132590		No Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		☐Y ☐N		

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		☐Y ☐N		

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		☐Y ☐N		

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

Location (Court, Address, Room Number): 3228 Gun Club Rd, West Palm Beach, Fl 33460

Court Date and Time: Month — Day — Year — Time — AM ☐ PM ☐

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 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: ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other
Signature of Arresting Officer:
Name of Arresting Officer: D/S Hentze — ID #: 26709
Name Verification (Printed by Arrestee) (PRINT)
Intake Deputy: DS Collins 7676 — ID # — Pouch #
Transporting Officer — ID #: D/S Hentze 26709 — Agency: PBSO
Witness here if subject signed with an "X"

OBTS Number	PROBABLE CAUSE AFFIDAVIT	1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias	1	Juvenile	N

Agency ORI Number	Agency Name	Agency Report Number	
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06	19132590

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

Special Notes:

Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
Alders	Paul	David	W	M	01/22/1970

Charge	Charge
Battery (Domestic)	
Charge	Charge

Victim Name (Last, First, Middle)		Race	Sex	Date of Birth
Boone	Devin	W	F	05/05/1986

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
25 S Lakeside Dr #1	Lake Worth	Fl	33460	561-319-4374	Verbal

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...

☐ committed the below acts in my presence.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☐ confessed to admitting to the below facts.

☒ was found to have committed the below acts, resulting from (described) investigation.

On the 01 day of November 20 19 at 0236 ☒AM ☐PM

On 11/01/2019 at 0155 hours I responded to 25 S Lakeside Dr #1 within the city of Lake Worth, Palm Beach County, Fl, in reference to a possible domestic battery.

Upon arrival I met with the complainant, identified by her Florida driver's license as Devin Boone. Devin was hysterically crying, had blood all over her body, and had swelling beneath her right eye. When asked what happened, Devin told me she and her boyfriend who she identified as Paul Alders, had been out drinking at a local club. Devin advised she and Paul have been exclusively dating and living together for approximately 3 months. While at the club, Devin stated she had been flirting with another female and kissed her, which angered Paul. Paul then left and Devin later followed. Upon returning home, Devin said the two became involved in a verbal argument, at which time Paul struck her in the face multiple times, causing her nose to bleed. Devin did not wish to provide a statement for this event at this time. Devin's injuries were photographed and she was treated on scene by PBCFR Engine 91 Run# 19115978.

While speaking with Devin, Paul was located on the side of the residence by D/S Hazel #23888. Paul was calm, collected, however had blood on his hands and clothes. Paul was then detained, placed in the prisoner compartment of my patrol car, and read his Miranda warnings which he refused to advise. Paul then stated he did not wish to speak with me. Being upset with the situation, Paul later stated he would speak with me about the event. While providing his side of the story, Paul stated Devin wanted to buy cocaine at the bar, which upset him, so he went home. Once Devin came home, Paul stated there was an "altercation", but would not elaborate further, stating "either way I lose".

Based on my investigation, the physical injuries observed, and the statements given, I found Paul to be in violation of F.S.S. 784.03(1A1).

The foregoing instrument was sworn to and affirmed before me this 01 day of November 20 19, by:

D/S Hazel 23888
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)

D/S Hentze 26709
Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

VICTIM NOTIFICATION FORM

- **Homicide** (Ch.782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch.794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **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.**

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

1. Incident Report #: 19132590 Agency: Palm Beach County Sheriff's Office
   Offense: Battery (Domestic)
   Suspect/Offender: Alders Paul David
   DOB: 01/22/1970 Race: W Sex: M

2. Warrant #(s):

3.a. Victim's Name: Boone Devin DOB: 05/05/1986 Race: W Sex: F
   Address: 25 S Lakeside Dr #1
   City: Lake Worth State: Fl Zip: 33460
   Home #: 561-319-4374 Work #: Other #:

   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 Hentze ID #: 26709 Date: Nov 1, 2019

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SCANNED
NOV 01 2019

SUSPECT/OFFENDER Alders Paul David (FOR WARRANTS USE ONLY) COURT CASE/WARRANT #

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

CASE NUMBER: 19-132590

DEFENDANT'S NAME: Paul Alders

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

SYNOPSIS: His girlfriend had come home and there was an "altercation". Would not elaborate.

VICTIM'S NAME: Devin Boone

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

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Devin was crying, bleeding from the nose, and had swelling beneath her right eye.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Boyfriend

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: Palm Beach County Fire Rescue Engine 91

AT HOSPITAL: ☐ YES ☐ NO HOSPITAL: PHYSICIAN:

ARE CHILDREN LIVING IN HOME: ☐ YES ☒ NO

NAME: DOB:

NAME: DOB:

NAME: DOB:

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

NAME: DOB:

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

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	539.003	Other: Florida Pawnbroking Act	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019035410	**Date:** 11/01/2019
	Specialist Name/ID: VARGO/6665