

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		17-135429	
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) HAGEN SHERYL L				Race W	Sex F	Date of Birth 02/10/1969		
Charge BATTERY DOMESTIC				Charge				
Charge				Charge				
Victim Name (Last, First, Middle)				Race W	Sex M	Date of Birth 10/22/1997		
Local Address (Street, Apt. Number)				Address Source VERBAL				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
<p>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...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <u>04</u> day of <u>OCTOBER</u> 20 <u>17</u> at <u>7:38</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>								

On 10/04/2017 at approximately 1730 hours, Sheryl Hagen (02/10/1969) was picked up from Harry's Banana Farm, a bar located in the City of Lake Worth where she had been drinking from approximately 11:30am following a funeral service for her friend. Later in the evening, Sheryl wanted to drive her car and was told no by her [REDACTED] Sheryl became verbally abusive, yelling and cursing at her [REDACTED] and his [REDACTED] who resides with Sheryl and [REDACTED] According to [REDACTED] Sheryl was cursing and yelling at his [REDACTED] after he took her car keys. [REDACTED] said he had enough of her behavior and yelled at her to stop then went outside the residence on the back porch. Sheryl then followed [REDACTED] outside and continued her verbal assault. As Sheryl yelled, [REDACTED] tried to step around Sheryl when she stepped in front of him and pushed him. [REDACTED] said he pushed Sheryl and she fell hurting her right wrist. [REDACTED] stated Sheryl said "you'll regret that one". [REDACTED] said he then went to the front of the house where in walked in the front door, Sheryl then came inside and started yelling again but this time he behavior was being recorded by [REDACTED] on his cell phone. [REDACTED] then went outside the residence and called police.

Based on the statement of [REDACTED] and on Sheryl Hagen's physical condition, a strong smell of alcohol coming from her person, glassy eyes, slurred speech, mood swings going from angry then crying and unfocused conversation; there is probable cause to charge Sheryl Hagen with Battery Domestic for intentionally touching or striking [REDACTED] against his will while being the primary aggressor in this incident in violation of FSS 784.03(1) (a) (1).

SCANNED
OCT 05 2017

The foregoing instrument was sworn to and affirmed before me this <u>04</u> day of <u>OCTOBER</u> 20 <u>17</u> , by:	
<u>[Signature]</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D. SMITH</u> <u>17626</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
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**PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER: 17-135429

DEFENDANT'S NAME: Sheryl Hagen

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

SYNOPSIS:
Sheryl pushed her boyfriends son Avery Porro

VICTIM'S NAME: [REDACTED]

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

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) upset,

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: [REDACTED]

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

911 CALL: YES NO WHO CALLED: [REDACTED]

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

WAS ACT(S) COMMITTED 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

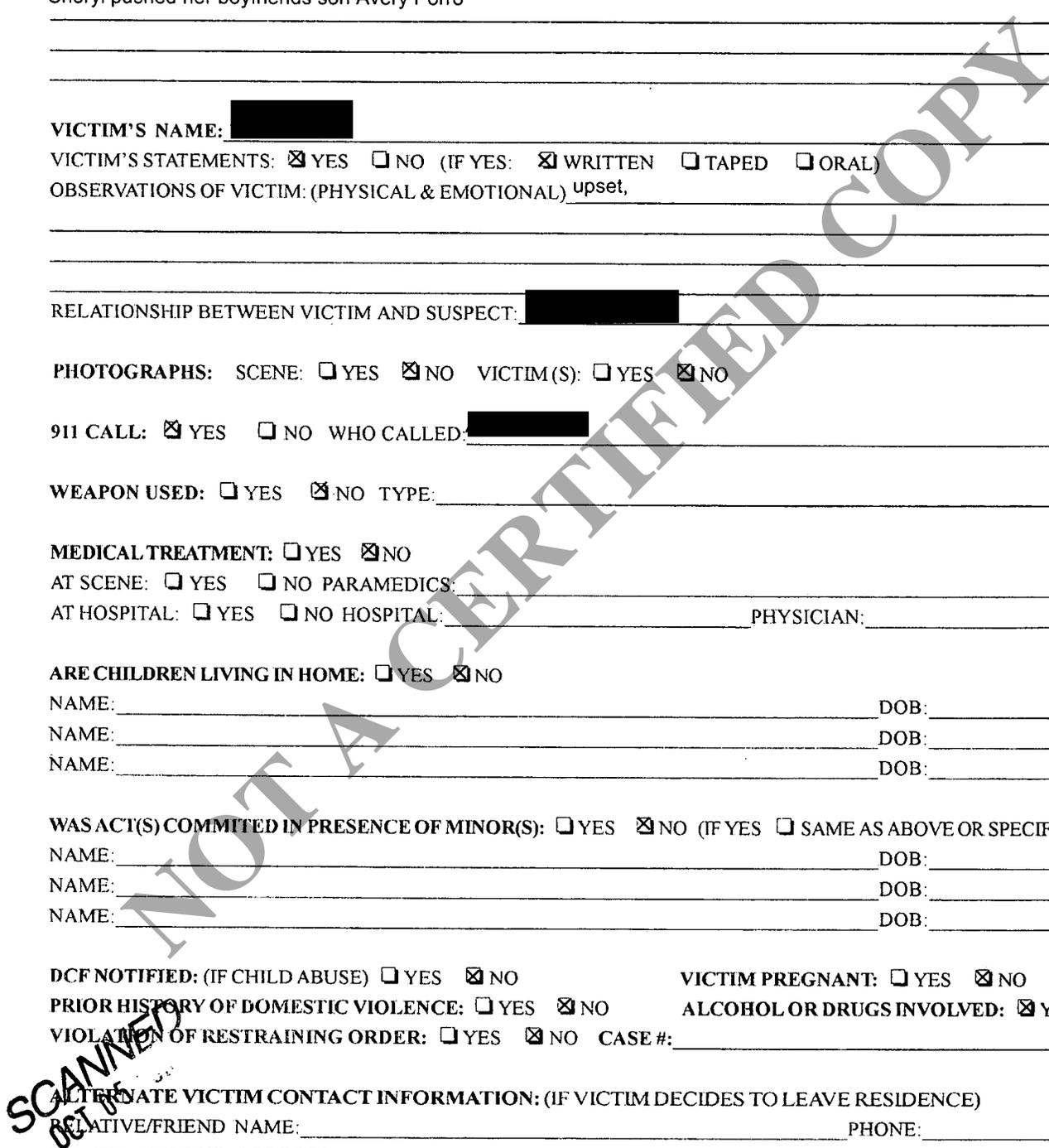
ALCOHOL OR DRUGS INVOLVED: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

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

RELATIVE/FRIEND NAME: _____ PHONE: _____

RELATIVE/FRIEND ADDRESS: _____



SCANNED
06/15

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 #: 17-135429 Agency: Palm Beach County Sheriff's Office
Offense: BATTERY DOMESTIC
Suspect/Offender: HAGEN SHERYL
DOB: 02/10/1969 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: _____ DOB: 10/22/1997 Race: W Sex: M
Address: _____
City: _____ State: FL Zip: _____
Home #: _____ 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. SMITH ID #: 17626 Date: 10/04/2017

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records