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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18-090022				
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 / Type 1. Yes 2. No 2 No		Multiple Clearance Indicator 01						
Location of Arrest (Including Name of Business) 17901 SR 7 Boca Raton, FL.				Location of Offense (Business Name, Address) 9272 SW 3RD ST #403, Boca Raton, FL. 33428						
Date of Arrest 06/26/2018	Time of Arrest 1200Hrs	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) Polikandriotis, Spiridon,						Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White / American Indian	Sex M	Date of Birth 09/16/1984	Height 6-00	Weight 200	Eye Color	Hair Color Brn	Complexion tan	Build med.		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Married	Religion CHRISTIAN	Indication of Alcohol Influence / Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) 9272 Sw 3rd St Apt 403, Boca Raton, FL 33428			(City)	(State)	(Zip)	Phone ()	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone ()	Address Source			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone (954) 268-0267	Occupation			
D/L Number, State P-425-780-84-336-0, FL.		Sec. Sec. Number		INS Number		Place of Birth (City, State) USA Miami, FL	Citizenship U.S.			
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			
Parent Legal Custodian Other		Address (Street, Apt. Number)				(City)	(State)	(Zip)		
Notified by: (Name)		Date		Time		Juvenile Disposition Handled / processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated				
Released To: (Name)		Relationship		Date		Time				
The above address 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 (Phone 355-2526) informed of any change of address. <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 O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description Battery		Counts 01	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03.1A1		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 18-090022	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of 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 of 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 of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Location (Court, Room Number, Address)										
Court Date and Time Month Day Year Time AM PM 06/26/2018										
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I 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 [Signature]		Name Verification (Printed by Arrestee) [Signature]						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S T. Graham		I.D. # 8479				
Inmate Deputy [Signature]		I.D. #		Reporting Officer [Signature]		ID # 6777				
Pouch #		Agency P.B.S.O.		Witness here if subject signed with an "X" 1 OF 1						

PBSO 148 REV. 007

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'S ONLY)

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OBT'S Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number	Agency Name	Agency Report Number					
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18-090022					
CHARGES	Charge Type: Check as many as apply.		Special Notes:					
	<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					
DEF	Name (Last, First, Middle)		Alias	Race	Sex	Date of Birth		
	Polikandriotis, Spiridon.			W	M	09/16/1984		
VICTIM	Charge Description		Charge Description					
	Battery		784.03.1A1					
VICTIM	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth			
	Polikandriotis, Vanussa, Bollis		W	F	10/29/1987			
VICTIM	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source
	9272 Sw 3rd St Apt 403, Boca Raton, FL 33428					()		FL DL
VICTIM	Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation
						()		
<p>The undersigned certifies and 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.</p> <p>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 my (described) investigation.</p> <p>On the <u>25th</u> day of <u>June</u> 20<u>18</u> at <u>11:15</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On the above date and time, I responded to 9272 SW 3RD ST Unit 403, unincorporated Boca Raton, FL. Palm Beach County in reference to a domestic battery.</p> <p>Upon arrival contact was made victim Vanussa, who's primary language is Portuguese who verbally indicated in broken english as well as completed a sworn written statement written in Portuguese indicating her husband Spiridon, struck Vanussa in the neck while engaged in a verbal argument. Spiridon struck Vanussa in the right side of the neck with a open fist causing a visible red mark photos were taken by D/S Gutierrez I.D. 8839. D/S Gutierrez was able to communicate in Spanish with with Vanussa who indicated the argument was caused by Spiridon, making Vanussa sleep on the floor of their residents. Spiridon was contacted multiple times by law enforcement via phone, sending the call voice-mail. Based on the above investigation Spiridon is found to be in violation of F.S.S. 784.03.1A1.</p>								
NOT A CERTIFICATE								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S T. Graham					
	<i>(Signature)</i>							
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>25th</u> day of <u>June</u> 20<u>18</u> by <u>D/S M. Maiorino 7060</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>known</u></p> <p><i>(Signature)</i> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>								

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PAGE _____ OF _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- 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

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

1. Incident Report #: 18-090022 Agency: P.B.S.O
Offense: BATTERY DOMESTIC
Suspect/Offender: SPIRIDON POLIKANDRIOTIS
D.O.B. 9/16/84 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: VANUSSA D.O.B. 10/29/67 Race: W Sex: F
Address: 9272 SW 3RD ST APT. 403
City: BOCA RATON State: FL Zip: 33428
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 BE 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: 0/97 I.D.# 6479 Date: 6/26/18

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/99

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential Informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018021214	Date: 06/27/2018
	Specialist Name/ID: howardt/7185

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