

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>0502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number (N.T.A.'s only) <b>7   8   18-001154</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 Enter Type <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) <b>SAME 141 ESPERANZA WAY PBG 33418</b>				Location of Offense (Business Name, Address) <b>141 ESPERANZA WAY, PALM BEACH GARDENS, FL 33418</b>		
Date of Arrest <b>02/20/2018</b>	Time of Arrest <b>21:39</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>FLEISHMAN, STEPHANIE DINA</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:		
Race W - White B - Black	Sex <b>F</b>	Date of Birth <b>08/27/1972</b>	Height <b>5'07</b>	Weight <b>155</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLONDE /</b>
Complexion <b>MEDIUM</b>		Build <b>MED</b>		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>19215 SABAL LAKE DR, BOCA RATON, FL 33434</b>			Phone <b>(561) 316-1460</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>12</b>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>19215 SABAL LAKE DR, BOCA RATON, FL 33434</b>			Phone <b>(561) 316-1460</b>		Address Source	
Business Address (Name, Street) (City) (State) (Zip) <b>D.R. HORTON,</b>			Phone		Occupation <b>Real Estate</b>	
D/L Number, State <b>F425784728070 / FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>WILMINGTON, PA</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Name (Last, First, Middle)				Residence Phone		
Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone		
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TQT JAC 3. Inarcerated		
Released To: (Name)		Relationship	Date	VICTIM NOTIFICATION REQUIRED		
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 355-2526) informed of any change of address.				School Attended	Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
Drug Activity S. Sell B. Buy P. Possess		S. Smuggle D. Deliver E. Use		K. Disperse/ 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. Synthetic		U. Unknown Z. Other		
Charge Description <b>BATTERY - CAUSE BODILY HARM</b>				Statute Violation Number <b>784.03(1)(2)</b>		Violation of ORD # <b>784.03(1)(1)(2)</b>
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>18-001154</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released To
Transported By		Date Transported	Time Transported	Other		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) Court Date and Time		
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.				No Photo Available		
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input checked="" type="checkbox"/> Suspected Arrest <input type="checkbox"/> Other		(PRINT)		
Intake Deputy		Pouch #	Name of Arresting Officer (Print) <b>DOROW, GLEN</b>	I.D. # <b>483</b>	PAGE 1 OF 1	
Transporting Officer <b>DOROW</b>		I.D. # <b>483</b>	Agency		Witness here if subject signed with an "X".	

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>02/20/2018 22:04</b>		Agency ORI Number <b>FL 0502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>		Agency Report Number <b>7   8   18-001154</b>		
	Name (Last, First, Middle) <b>FLEISHMAN, STEPHANIE DINA</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/27/1972</b>
C H R G	Charge Description <b>DOMESTIC BATTERY 784.03(1)(A)(2)</b>								
	Victim's Name (Last, First, Middle) <b>CHERNICK, CRAIG SCOTT</b>						Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/31/1964</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>141 ESPERANZA WAY, PALM BEACH GARDENS, FL 33418</b>				Phone <b>(401) 499-4488</b>		Address Source		
	Business Address (Name, Street) (City) (State) (Zip) <b>NONE</b>				Phone		Occupation <b>NONE</b>		
	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>								
OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):									
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>BOYFRIEND</b>									
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Victim: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				CALLER: <b>GUARD SHACK MIRASOL</b>
	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(If YES, attach witness list)				TYPE: <b>HANDS</b>
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PARAMEDICS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				PHYSICIAN(S) / HOSPITAL:
	AT: Scene: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		Hospital: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				NAMES/AGES:
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				CASE #:
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>						
	On 2/20/18 at approximately 2042 hours, I was dispatched to a possible domestic dispute at 141 Esperanza Way, City of Palm Beach Gardens, Florida. The security guard at the guard shack at the entrance to the development advised he heard a woman screaming in the area and security guards responded to the area.								
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.								
	Sworn to and subscribed to before me this <b>20</b> day of <b>February</b> , <b>2018</b> . SIGNATURE OF ARRESTING OFFICER _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

CERTIFIED COPY

SCANNED  
FEB 21 2018

Paul D Jr 376  
LEFFLER, PAUL D JR

