18mm9790 0501035 57

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N T.A 's only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18-114051

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5. Ordinance ☐ 6 Other
Weapon Seized / Type: 2 (1 Yes 2 No)
Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
10712 OAK LAKE WAY, Boca Raton, Florida 33498	10712 OAK LAKE WAY, Boca Raton, Florida 33498

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/27/2018	2121					

DEFENDANT

Name (Last, First, Middle): **Garcia Mcmenamy, Stephanie, Lee** | Alias (Name, DOB, Soc Sec #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	10/2/1973	5'02	140	Brown	Black	Light	Small

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description) | Mantal Status: Married | Religion: CATHOLIC | Indication of Alcohol Influence / Drug Influence: Y ☐ N ☒ Unk. ☐

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Residence Type (1 City 2 County 3 Florida 4 Out of State)
10712 Oaklake Way, Boca Raton, FL 33498	((954)) 801-0071	2

Permanent Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
/, /	( )	Florida DL

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
/	(/)/	Paralegal

DL Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
G625792738620, FL	[redacted]		Fort Lauderdale, Florida	U.S.

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other | 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 Dept and Released 2 TOT HRS / DYS 3 Transported

VICTIM NOTIFICATION REQUIRED

Released To (Name) | Relationship | Date | Time

The above address provided by ☐ defendant and / or ☐ 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 ☐ Yes, by (Name) ☐ No (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Simple Battery (Domestic)	1	☒ Y ☐ N	784.03(1)(a)(1).	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		18-114051		

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): **South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996**

Court Date and Time: Month Day Year Time AM PM

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: 08/27/2018

ADMIN

HOLD for other Agency Name | Signature of Arresting Officer: X | Name Verification (Printed by Arrestee): AM 12:11

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): D/S C. GARCIA ID #: 21280 | (PRINT)

Intake Deputy: D/S Connell 6039 ID #: Pouch # | Transporting Officer: D/S C. GARCIA ID #: 21280 Agency: PBSO | Witness here if subject signed with an X: | PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY | GREEN - STATE ATTORNEY | YELLOW - AGENCY | PINK - AGENCY | GOLD - DEFENDANT (N T A Only)

PBSO #148 REV 8/97

2018 AUG 28 AM 10:07 PALM BEACH COUNTY FL CLERK & COMPTROLLER BOCA RATON BRANCH

SCANNED AUG 28 2018

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest, 2 NTA, 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- 18-114051

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Garcia Mcmenamy, Stephanie, Lee		W	F	10/2/1973

CHARGES

Charge Description	Charge Description
Simple Battery (Domestic) 784.03(1)(a)(1).	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Torres, Jessica, Eyleen	H	F	08/26/1996

Local Address (Street, Apt Number) (City) (State) (zip)	Phone	Address Source
10712 Oaklake Way, Boca Raton, FL 33498	(954) 592-5917	Florida DL
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
/	(/) /	

PROBABLE CAUSE STATEMENT

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
The Person taken into custody

☐ committed the below acts in my presence
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 27 day of August 2018 at 2121 ☐ A M ☒ P.M (Specifically include facts constituting cause for arrest.)

On the above mention date and time, I responded to 10712 OAK LAKE WAY, Boca Raton, Florida reference a Domestic Disturbance.

Upon arrival, I meet with a white female standing on the residence mentioned above's driveway, who I observed crying, the female Identified herself as Jessica Torres. Jessica stated that she was involved in a physical altercation with her Mother, Later identified as Stephanie Mcmenamy. Jessica stated that she was laying on her bed holding her cellphone and her Daughter Sienna Torres was on the bed next to her. Jessica stated that her Cellphone fell on the floor and it made a thumping noise. Jessica stated that shortly after her phone fell, her Mother Stephanie walked into the room screaming, as she tough Jessica's Daughter Sienna had fallen from the bed. Jessica stated that Stephanie grabbed her by her arms while she was holding her daughter and started hitting her in her face and body with her hand several times. I notice injuries to Jessica's Right arm, Left arm, and torso area. Jessica refused to photos or to complete any sworn statements.

I then spoke with Stephanie Mcmenamy. Stephanie stated her daughter and her were in an argument over Jessica's Daughter Sienna falling off the bed. Stephanie stated that Jessica was disrespectful to her and her stepfather David Mcmenamy over the incident. Stephanie stated Jessica came at her and she grabbed Jessica by her arms to defend herself. Stephanie stated that Jessica pushed her and poked her in the face. I did not notice any physical injuries on Stephanie.

Based on my investigation statements and injuries consistent with statements and all other information gathered, I find that Stephanie did actually and intentionally touch or strike Jessica and was the primary aggressor and Jessica was a family or household member of Stephanie contrary to Florida Statute 784.03(1)(a)(1).

Stephanie was then placed into handcuffs, double locked, and checked for proper fit. Stephanie was then taken back to my marked Palm Beach County Sheriff's Office green and white patrol car, and transported to District 7 for paperwork completion.

This case is cleared by arrest.

D/S C. GARCIA #21280

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S C. GARCIA
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of August 2018 by D/S C. GARCIA

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: Known

Notary Public, Clerk of Court, Officer (F.S. 117.10)

PAGE 1 OF 1

PBSO 90004 REV. 04/01 DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

SCANNED
AUG 28 2018

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Garcia Mcmenamy, Stephanie, Lee **DOB:** 10/2/1973 **Case #:** 18-114051

Victim: Torres, Jessica, Eyleen **DOB:** 08/26/1996 **Race:** H **Sex:** F

Relationship between Victim and Defendant: Daughter and Mother

Photographs: Scene ☐ Yes ☒ No Victim ☐ Yes ☒ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No **Caller:** Mc Menamy, David, Robert

Weapon Used: ☐ Yes ☒ No **Type:** _____

Witness: ☐ Yes ☒ No **Name:** _____

Victim Pregnant: ☐ Yes ☒ No **If yes,** ___ **weeks** _____ **months**

Injuries: ☒ Yes ☐ No **Description:** scratches to left and right arm, scratches to upper torso

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No **Paramedics:** _____

At Hospital: ☐ Yes ☒ No **Hospital:** _____ **Physician:** _____

Are Children Living in Home? ☒ Yes ☐ No **DCF Notified?** ☒ Yes ☐ No

Name: Mcmenany, David, **DOB:** 10/23/2008

Name: Torres, Sienna, **DOB:** 08/27/17

Name: _____ **DOB:** __/__/__

Injunction ☐ Yes ☒ No **Case #:** _____

No Contact Order ☐ Yes ☒ No **Case #:** _____

Alcohol or Drugs ☐ Yes ☒ No ☐ Unknown

Prior History of Domestic/Dating Violence ☐ Yes ☒ No

Defendant's Statements ☐ Yes ☒ No **If yes,** ☐ written ☐ recorded ☐ oral

First words Defendant said when you responded to scene: I was defending myself

Victim's Statements ☒ Yes ☐ No **If yes,** ☐ written ☐ recorded ☒ oral

First words Victim said when you responded to scene: My mom hit me.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☒ No **If yes, name:** _____ **phone** (___)___-_____

Observations of Victim (Physical & Emotional): With bruises on both of her arms and torso and crying

☒ Upset ☒ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: 10712 Oaklake Way, Boca Raton, FL 33498

Phone: **Home** (954) 592-5917 **Work** (___)___-_____ **Cell** (___)___-_____

Employer: /

Name of Relative: N/A **Phone** (___)___-_____

Address: _____

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SCANNED
AUG 28 2018

VICTIM NOTIFICATION FORM

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

- **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.

SUSPECT/OFFENDER: **Garcia Mcmenamy, Stephanie, Lee** COURT CASE/WARRANT#. _____ (FOR WARRANTS USE ONLY)

1. Incident Report #: **18-114051** Agency: **PBSO**
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: **Garcia Mcmenamy, Stephanie, Lee**
   D.O.B. **10/2/1973** Race: **W** Sex: **F**

2. Warrant # (s): _____

3.a. Victim's name: **Torres, Jessica, Eyleen** D.O.B. **08/26/1996** Race: **H** Sex: **F**
   Address: **10712 Oaklake Way**
   City: **Boca Raton, FL 33498**
   Home #- **(954) 592-5917** Work #: **(/) /** Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____
   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: **Torres, Jessica, Eyleen**

Deputy's Name: **D/S C. GARCIA** I.D.# **21280** Date: **08/27/2018**

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

PBSO 00029A REV. 4199

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SCANNED
AUG 28 2018

18-114051

VICTIM /WITNESS INFORMATION

☒ VICTIM | Torres | Jessica | Eyleen | H | F | 08/26/1996
Name (Last) | (First) | (Middle) | (Race) | (Sex) | (Date of Birth)

☐ WITNESS | 10712 Oaklake Way, Boca Raton, FL 33498 | (954) 592-5917
Home Address (Street, Apt. Number) | (City) | (State) | (zip) | (Phone)

☐ OWNER | / | (/) /
Business (Name & Address) | (City) | (State) | (zip) | (Phone)

Synopsis of Testimony

ADDRESS SOURCE
☐ Verbal
☒ Driver's License
☐ Voter's ID
☐ Other Florida DL

☐ VICTIM | Name (Last) | (First) | (Middle) | (Race) | (Sex) | (Date of Birth)

☐ WITNESS | Home Address (Street, Apt. Number) | (City) | (State) | (zip) | (Phone)

☐ OWNER | Business (Name & Address) | (City) | (state) | (zip) | (Phone)

Synopsis of Testimony

ADDRESS SOURCE
☐ Verbal
☐ Driver's License
☐ Voter's ID
☐ Other_____

☐ VICTIM | Name (Last) | (First) | (Middle) | (Race) | (Sex) | (Date of Birth)

☐ WITNESS | Home Address (Street, Apt. Number) | (City) | (state) | (zip) | (Phone)

☐ OWNER | Business (Name & Address) | (City) | (State) | (zip) | (Phone)

synopsis of Testimony

ADDRESS SOURCE
☐ Verbal
☐ Driver's License
☐ Voter's ID
☐ Other_____

☐ VICTIM | Name (Last) | (First) | (Middle) | (Race) | (Sex) | (Date of Birth)

☐ WITNESS | Home Address (street, Apt. Number) | (city) | (state) | (Zip) | (phone)

☐ OWNER | Business (Name & Address) | (City) | (State) | (zip) | 0 (Phone)

synopsis of Testimony

ADDRESS SOURCE
☐ Verbal
☐ Driver's License
☐ Voter's ID
☐ Other_____

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AUG 28 2018

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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018028763	**Date:** 8/28/2018
	Specialist Name/ID: J. Beck/9007

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AUG 28 2018