

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1 Juvenile N	
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>17-108422</b>	
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input 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		Multiple Clearance Indicator <b>0</b>		<b>1</b>	
Location of Arrest (Including Name of Business)		Location of Offense (Including Name of Business)					
Date of Arrest <b>07/29/2017</b>		Time of Arrest <b>12:00</b>		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) <b>BLACK STEPHEN</b>		Alias (Name, DOB, Soc. Sec. #, Etc.) <b>Maxine BLACK</b>					
Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>02/09/1972</b>		Height <b>6'01"</b>	
Weight <b>180</b>		Eye Color <b>HAZEL</b>		Hair Color <b>GRAY</b>		Complexion <b>LIGHT</b>	
Build <b>LARGE</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>MARRIED</b>		Religion <b>N/A</b>	
Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		Local Address (Street, Apt. Number) <b>318 SOUTH J STREET APT. 3</b>		City <b>LAKE WORTH</b>		State <b>FL</b>	
Zip <b>33460</b>		Phone <b>904-440-4512</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>			
Permanent Address (Street, Apt. Number) <b>SAME AS LOCAL</b>		City		State		Zip	
Business Address (Street, Apt. Number)		City		State		Zip	
D/L Number, State <b>B-420-793-72-049-0, FL</b>		Social Security Number		INS Number		Place of Birth <b>UNITED KINGDOM</b>	
Citizenship <b>US</b>		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					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Business Phone		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 <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 561-355-2526) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade	
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		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description <b>SIMPLE BATTERY (DOMESTIC RELATED)</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1)(A)(1)</b>	
Violation or ORD. #		Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit	
Offense # <b>17-108422</b>		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation or 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 or 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 or ORD. #		Drug Activity		Drug Type		Amount/Unit	
Offense #		Warrant/Capias Number		Bond			
Location (Court, Address, Room Number)		Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		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 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		Name Verification (Printed by Arrestee)			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer <b>D. KALMUS, JR.</b>		ID # <b>20186</b>	
Intake Deputy <b>2314</b>		ID # <b>2314</b>		Transporting Officer <b>D. KALMUS, JR. 20186</b>		Agency <b>PBSO</b>	
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J# 0490138



# 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 #: 17-108422 Agency: Palm Beach County Sheriff's Office  
Offense: SIMPLE BATTERY (DOMESTIC RELATED)  
Suspect/Offender: BLACK STEPHEN MAYNARD BLACK X  
DOB: 02/09/1972 Race: W Sex: M

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home #: \_\_\_\_\_

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. KALMUS, JR. ID #: 20186 Date: \_\_\_\_\_

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

SCANNED  
Pink = Central Records  
JUL 30 2017

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause Affidavit)

Defendant: BLACK STEPHEN MAURICE TX BLACK DOB: 02/09/1972 Case #: 17-108422  
Victim: [REDACTED] DOB: 05/10/1971 Race: W Sex: F

Relationship between Victim and Defendant: \_\_\_\_\_

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

911 Call: ☒ Yes ☐ No Caller: [REDACTED]

Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_

Witness: ☐ Yes ☒ No Name: \_\_\_\_\_

Victim Pregnant: ☐ Yes ☒ No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries: ☒ Yes ☐ No Description: HAIR RIPPED OUT

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: \_\_\_\_\_

At Hospital: ☐ Yes ☒ No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are children living in the home? ☐ Yes ☒ No DCF Notified? ☐ Yes ☒ No

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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: NOTHING HAPPENED, WE JUST HAD AN ARGUMENT.

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

First words Victim said when you responded to scene: HE PULLED MY HAIR AND THREW ME ONTO THE BED

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

☐ Yes ☒ No If yes, name: \_\_\_\_\_ phone: \_\_\_\_\_

Observations of Victim (Physical & Emotional): \_\_\_\_\_

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

☐ Complained of pain ☐ Other \_\_\_\_\_

Victim contact information:

Local Address: [REDACTED]

Phone: Home: [REDACTED] Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

**SCANNED**  
**JUL 30 2017**



☐ WITNESS ☒ VICTIM ☐ OTHER

CASE #:	17-106722	ZONE:	14-41	SUSPECT:	Stephen Black	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	07/29/17 @ 11:30
EVENT TYPE:	Domestic Battery	DEPUTY:	D. Kalmus, Jr.	ID#:	2016		

COMPLETE EVERYTHING BELOW PRINT LEGIBLY

LAST NAME:	FIRST NAME:	RACE:	SEX:
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:
05/10/71	5'7"	186	blonde
YOUR EYE COLOR:	green		
YOUR WORK NAME & ADDRESS:	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: <input type="checkbox"/> CHECK IF NONE
( )	787-810-4412	( )	

YOUR SIGNATURE:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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He's been drinking alot asked me to leave I got my bag and he grabbed it to throw it outside I grabbed it back and he threw me on the bed grabbed my hair I got away went to grab my phone and called 911

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I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CO

YOUR SIGNATURE: X

DEPUTY SHERIFF ☒ NOTARY PUBLIC FSS: 117.10  
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
 DATE: 07/29/2017 TIME: 12:00  
 SIGNATURE: [Signature] ID: 2016

IF YOU DO NOT WISH TO PROSECUTE, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I THEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 500.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY