

OBTS Number

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. 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>	17-108422									
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <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 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>Marie BLACK</b>									
Race W- White I- American Indian B- Black O- Oriental/Asian	Sex <b>W 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 <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> <input type="checkbox"/>					
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      3. Florida 2. County      4. Out of State					
Permanent Address (Street, Apt. Number) <b>SAME AS LOCAL</b>			City	State	Zip	Phone	Address Source <b>VERBAL</b>					
Business Address (Street, Apt. Number)			City	State	Zip	Phone	Occupation <b>SELF EMPLOYED</b>					
DL Number, State <b>B-420-793-72-049-0, FL</b>		Social Security Number [REDACTED]		INS Number	Place of Birth	Citizenship <b>UNITED KINGDOM</b> US						
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						
<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 <b>7. NO</b>	Time <b>6:00</b>	Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated							
Released To (Name)						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						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					Value of Property					
Drug Activity N. NA P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute Produce Cultivate	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. NA 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) <b>784.03(1)(A)(1)</b>												
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input 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						
Hold for Other Agency			Signature of Arresting Officer <b>2016</b>			Name Verification (Printed by Arrestee)						
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer <b>D. KALMUS, JR.</b>			Name Verification (Printed by Arrestee) <b>SCANNED</b>						
Intake Deputy <b>2314</b>			Transporting Officer ID # <b>D. KALMUS, JR. 20186</b>			Name Verification (Printed by Arrestee) <b>JUL 30 2017</b>						
I.D. # <b>2314</b>			Pouch #			Page <b>1 of 1</b>						
Offender is being processed with an "X"												

**JFF 0490538**

OBTS Number

## PROBABLE CAUSE AFFIDAVIT

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>	17-108422		
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor		Special Notes		
Defendant Name (Last, First, Middle) <b>BLACK</b>	STEPHEN	<b>Maurice BLACK</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/09/1972</b>
Charge <b>SIMPLE BATTERY (DOMESTIC RELATED)</b>	Charge				
Charge	Charge				
Victim Name (Last, First, Middle)			Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/10/1971</b>
Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
<p>The undersigned 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>					
On the <u>29TH</u> day of <u>JULY</u> 20 <u>17</u> at <u>12:00</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM				

On Saturday, July 29th, 2017 at approximately 1130 hours, I was dispatched to [REDACTED] located within the [REDACTED], in reference to a domestic dispute in progress. Prior to arrival, the complainant identified as [REDACTED] (DOB: 05/10/1971) stated that [REDACTED] Stephen Black (DOB: 02/09/1972), attacked her and is drunk. [REDACTED] further advised that she was hiding in the closet.

Upon arrival, I made contact with [REDACTED] who was standing outside and downstairs, in front of the aforementioned apartment. I observed Stephen outside on the patio of the apartment, smoking a cigarette. When I asked [REDACTED] what happened, she stated that she and Stephen recently [REDACTED]. The problem is that Stephen has a mistress who has been taking a large amount of Stephen's money along with other issues. Over the course of the day, Stephen has been drinking vodka.

After getting drunk, Stephen began yelling at [REDACTED] and telling her to get out. As [REDACTED] was packing her clothing, Stephen grabbed one of the suitcases to throw it down the stairs. As [REDACTED] attempted to get it back from him, Stephen hit her in the chest with the suitcase several times. After retrieving the suitcase back from Stephen, he proceeded to grab the left side of her hair, pulling her backwards and onto the bed. [REDACTED] was able to escape, grab her phone and hide in the closet, where she called 911. While looking at [REDACTED], I observed no redness or bruising on her body. I did however observe several large strands of hair on her left shoulder and back. The left side of her hair was also crinkled and not straight like the rest of her hair. [REDACTED] provided a sworn written statement, detailing the events.

Based on the above investigation and sworn statement from [REDACTED] Stephen Black was in violation of FSS. 784.03(1)(A)(1) Simple Battery (Domestic Related) against [REDACTED]

SCANNED  
JUL 30 2017

The foregoing instrument was sworn to and affirmed before me this <u>29th</u> day of <u>JULY</u> 20 <u>17</u> , by:	<u>D. KALMUS, JR.</u>	20186
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Signature of Arresting/Investigating Officer

**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 MAURICE BLACK XX  
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: \_\_\_\_\_

**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 BLACK DOB: 02/09/1972 Case #: 17-108422  
Victim: \_\_\_\_\_ 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: \_\_\_\_\_  
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: \_\_\_\_\_

Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

**SCANNED**

**JUL 30 2017**

WITNESS  VICTIM  OTHER



CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
17-106422	14-41	Stephen Black	07/29/17 at 11:30
EVENT TYPE:	DEPUTY:		ID#:
Domestic Battery	D. Kalmus, Jr.		2016

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	FIRST NAME:	RACE:	SEX:
DATE OF BIRTH: 05/10/71 (MM/DD/YYYY)	YOUR HEIGHT: 5'7"	YOUR WEIGHT: 186	YOUR HAIR COLOR: blonde
YOUR	<input type="checkbox"/> CHECK IF HOMELESS		YOUR EYE COLOR: green
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: STATE: ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ( )	CELL PHONE: <input type="checkbox"/> CHECK IF NONE 727-810-0412	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ( )	EMAIL: <input type="checkbox"/> CHECK IF NONE

A POLICE OFFICER HAS BEEN SWORN TO THIS STATEMENT

I, [REDACTED] DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

He's been drinking a lot 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

PAGE 1 OF 1

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

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
DATE: 07/29/2017 TIME: 12:00  
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 HEREBY 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. 50840)  
WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GREEN - VICTIM COPY