

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile **N**

ADMINISTRATION	OBTS Number				ARREST / NOTICE TO APPEAR				Juvenile Referral Report																
	Agency ORI Number		Agency Name		If Weapon Seized Enter Type				Agency Report Number																
FL 0 5 0 0 3 0 0		BOYNTON BEACH POLICE DEPT.		NA				34- 17-006232																	
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						Multiple Clearance Indicator																	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)																							
2895 SE 2ND ST		2895 SE 2ND ST																							
Date of Arrest 02/02/2017		Time of Arrest 2316		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle													
DEFENDANT	Name (Last, First, Middle) ROBINSON, STEPHEN, MICHAEL																								
	W - White B - Black		I - American Indian O - Oriental / Asian		Race W		Sex M		Date of Birth 07/24/1993		Height 6'0		Weight 185		Eye Color BLUE		Hair Color BRO		Complexion FAIR		Build MED				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)														Marital Status SINGLE		Religion CHRISTIAN		Indication of: Y N Unk. Alcohol Influence Drug Influence						
	Local Address (Street, Apt. Number) 2895 SE 2ND ST BOYNTON BEACH														(City) FL 33436		Phone (732)485-2794		Residence Type 1. City 3. Florida 2. County 4. Out of State						
	Permanent Address (Street, Apt. Number)														(City) (State) (Zip)		Phone () -		Address Source VERBAL						
	Business Address (Street, Apt. Number)														(City) (State) (Zip)		Phone () -		Occupation UNEMPLOYED						
	D/L Number, State n/a				Soc. Sec. Number n/a - -				INS Number				Place of Birth SYRACUSE, NY		Citizenship US										
	CO-DEF	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			
		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			
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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. 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 change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)														School Attended				Grade							
Property Crime? Description of Property														Value of Property											
<input type="checkbox"/> Yes <input type="checkbox"/> No																									
CODE	Drug Activity		S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type		B. Barbituate N. N/A A. Amphetamine		H. Hallucinogen C. Cocaine E. Heroin		P. Paraphernalia/ Equipment O. Opium/Deriv.		U. Unknown Z. Other S. Synthetic				
	Charge Description		BATTERY (DOMESTIC)										Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03.1A1.		Violation of ORD#						
CHARGE	Drug Activity		NA		Drug Type		NA		Amount/Unit		Offense #						Warrant/Capias Number		Bond						
	Charge Description												Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#						
CHARGE	Drug Activity				Drug Type				Amount/Unit		Offense #						Warrant/Capias Number		Bond						
	Charge Description												Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#						
CHARGE	Drug Activity				Drug Type				Amount/Unit		Offense #						Warrant/Capias Number		Bond						
	Charge Description												Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#						
NOTICE TO APPEAR	Drug Activity				Drug Type				Amount/Unit		Offense #						Warrant/Capias Number		Bond						
	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 <input type="checkbox"/> You need not appear in Court but must <input type="checkbox"/> Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444																						
		Court Date and Time Month Day Year												Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.											
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 3/3											
ADMIN.	HOLD for other Agency Name:				Signature of Arresting Officer 108269								Name Verification (Printed by Arrestee) (PRINT)												
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) Ofc. B. Jones								I.D. # 954		BU# 108269										
	Intake Deputy I.D. #				Transporting Officer I.D. # BJONES								Agency BBPD		Witness here is subject Signed with an "X".										
														Page 1 OF 1											



DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT PALM BEACH COUNTY



On the 2 day of FEB 2017 at 2228 HOURS
Subject: ROBINSON, STEPHEN, MICHAEL DOB: 07/24/1993 Case #: 17-006232
Charge Description: BATTERY (DOMESTIC) Statute #: 784.03.1A1.
Victim: ALEXIS WINDLE DOB: 10/23/1992 Race: W Sex: F
Local Address: 2895 SE 2ND ST, BOYNTON BEACH, FL, 33436
Personal Contact: 732-485-2794

Narrative:

Occurring in the city of Boynton Beach, county of Palm Beach, the above named defendant did commit the above listed offense. On February 2, 2017 at 2228 hours I responded to 2895 SE 2ND St. in reference to a disturbance. Upon arrival I met W/F Alexis Windle, who advised her roommate (who wished to remain anonymous) advised Windle that her live-in boyfriend W/M Stephen Robinson cheated on her. Windle stated, she confronted Robinson about the cheating allegations; Robinson then became angry and punched her in the face with a closed fist. I observed a small one inch laceration to Windle's forehead.

It should be noted Windle refused FD and refused to complete a sworn written statement. Windle signed the exemption from public records form and was also provided with a victim rights packet and domestic violence packet. Photographs were taken and later submitted into BBPD as evidence.

I then met with the roommate, who advised she witnessed Robinson punch Windle in the face. The roommate refused to complete a sworn written statement.

I then met with Robinson, who advised he did not punch Windle. He further stated that he thought she fell.

Based on the aforementioned I found probable cause to charge Stephen Robinson with one count of Simple Battery (Domestic) , contrary to Florida Statute 784.03.1A1..

Defendant's Statement: Refused

Victim's Statement: None

Observation Of Victim (Physical and Emotional):

laceration to forehead.

Relationship Between Victim and Suspect:

boyfriend and girlfriend

Photographs: Scene: Yes No
Victim: Yes No
911 Call: Yes No Caller: _____
Tape Requested: Yes No
Weapon Used: Yes No Type: _____
Witnesses: Yes No
Injuries: Yes No
Medical Treatment: Yes No
At Scene Yes No Paramedics: _____
At Hospital Yes No Physician(s): _____
Hospital: _____

Act Committed In Presence Of Minor(s): Yes No

Name: _____ Age: _____

Name: _____ Age: _____

F.D.C.F. Notified: Yes No Victim Pregnant: Yes No

Violation Of Restraining Order: Yes No Case #: _____

Prior History Of Domestic Violence: Yes No

Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

Phone Home: 732-485-2794 Work: N/A

Employer: UNEMPLOYED

Relative Name: REFUSED Phone: _____

Address: 2895 SE 2ND ST

City/State: BOYNTON BEACH ,FL ,33436

State Of Florida

County Of Palm Beach

Appeared before me, Ofc. B.Jones , (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

Signature Of Arresting Officer

Sworn to and subscribed to me before this 02 day of FEB , 2017

Notary/Clerk Of Court Officer (F.S.S. 117 10)