

0198057

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORJ Number <b>0502300</b>	Agency Name <b>North Palm Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>7 0 18-000491</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>723 SANCTUARY COVE DR, 33410</b>		Location of Offense (Business Name, Address) <b>723 SANCTUARY COVE DR, NORTH PALM BEACH, FL 33410</b>	
Date of Arrest <b>06/28/2018</b>	Time of Arrest <b>21:20</b>	Booking Date <b>06/28/2018</b>	Booking Time <b>21:30</b>

Name (Last, First, Middle) <b>SJOSTEN, STEVEN CHARLES J</b>		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W M</b>	Sex <b>M</b>	Date of Birth <b>12/02/1976</b>	Height <b>5'11</b>
Weight <b>180</b>	Eye Color	Hair Color <b>BLACK</b>	Complexion <b>MEDIUM</b>
Build <b>Medium</b>	Marital Status <b>S</b>	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATTOO STOMACH / SJOSTEN</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State   <b>3</b>	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>64 EAST FOUR SEASON RD, PALM BCH GDNS, FL 33410</b>		Address Source <b>FL/DL</b>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>64 EAST FOUR SEASON RD, PALM BCH GDNS, FL 33410</b>		Occupation	
Business Address (Name, Street) (City) (State) (Zip)		Citizenship <b>US</b>	
D/L Number, State <b>S235783764420 / FL</b>		Soc. Sec. Number [REDACTED]	
INS Number		Place of Birth (City, State) <b>CLEWISTON, FL,</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
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)	Residence Phone			
<input type="checkbox"/> Legal Custodian	Business Phone			
Address (Street, Apt. Number) (City) (State) (Zip)				
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT/JAC 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 355-2526) informed of any change of address.				Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. 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
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Charge Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>	Statute Violation Number <b>784.03(1)(A)(I)</b>	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number	Bond <b>None</b>	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number	Bond	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number	Bond	

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
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	Released By
Transported By	Released To
Date Transported	Time Transported
Other	

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	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 COMTEMPT 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	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) ID #	(PRINT)
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	<b>MIZE, M.</b> <b>9762</b>	
Issued Deputy ID #	Transporting Officer ID # Agency	PAGE 1 OF 1
<b>05 Thompson</b>	<b>MICHAEL S. MIZE 9762 NPBPD</b>	Witness here if subject signed with an "X"

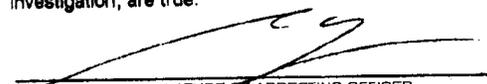
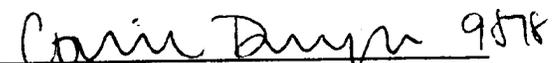
COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P.I.O.  DEFENDANT

JUN 29 AM 12:01

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>06/28/2018 21:52</b>	Agency Name <b>NORTH PALM BEACH POLICE</b>		Agency Report Number <b>7 0 18-000491</b>	
	Agency ORI Number <b>FL 0502300</b>	Alias		Race <b>W</b>	Sex <b>M</b>
D E F	Name (Last, First, Middle) <b>SJOSTEN, STEVEN CHARLES J</b>				Date of Birth <b>12/02/1976</b>
	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>				Date of Birth <b>12/14/1982</b>
C H R G	Victim's Name (Last, First, Middle) <b>BERKERY, MICHELLE ANN</b>				Race <b>W</b>
	Local Address (Street, Apt. Number) <b>723 SANCTUARY COVE DR, NORTH PALM BEACH, FL 33410</b>				Sex <b>F</b>
	Business Address (Name, Street) <b>723 SANCTUARY COVE DR, NORTH PALM BEACH, FL 33410</b>				Address Source <b>WAITRESS</b>
V I C T I M	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>DISTRESS</b>	
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>				
A D D I T I O N A L I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>CHILD IN COMMON</b>				
	PHOTOGRAPHS: Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:	
	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE:	
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)	
	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	AT: Scene:	<input type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:	
	Hospital:	<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:	
ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES: <b>RYDER,07/30/09, ELIANA, 120313</b>		
H. R. S. NOTIFIED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input type="checkbox"/>	CASE #: <b>18000491</b>		
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
N A R R	On 06/28/2018 at approximately 2011 hours, I was dispatched to a disturbance at 723 Sanctuary Cove Drive in North Palm Beach.				
	Upon my arrival I made contact with MICHELLE ANN BERKERY, DOB, 12/14/1982. Michelle informed me that the father of her youngest child, STEVEN CHARLES SJOSTEN, DOB: 12/02/1976, stuck her in the side of the head and				
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.					
SIGNATURE OF ARRESTING OFFICER 					
Sworn to and subscribed to before me this <u>28</u> day of <u>June</u> 2018					
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

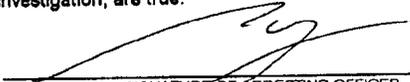
Narrative Continuation

A D M I N	Date / Time <b>06/28/2018 21:52</b>	Agency Report Number <b>7 0 18-000491</b>
	Agency ORI Number <b>FL 0502300</b>	Agency Name <b>NORTH PALM BEACH POLICE</b>

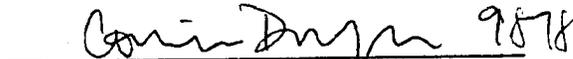
scratched her in an altercation by the front door.  
 Michelle had visible marks on her chest and appeared to be in emotional distress, crying and shaking.  
 Upon contact with Steven, he was found leaving the complex on foot upon my arrival, sweaty, and stated she  
 attacked him, but had no visible marks.  
 Observation of the scene revealed items thrown about the area in front of the front door, just inside the  
 apartment.  
 Based on my investigation and the totality of the circumstances, "Probable Cause" exists to arrest and charge  
 Steven Charles Sjosten with BATTERY-SIMPLE (TOUCH OR STRIKE) F.S.S. 784.03(1)(A)(1)  
 He was placed under arrest, handcuffed (double locked) and searched prior to being placed in my patrol  
 vehicle.  
 Michelle was given a "Domestic Violence Packet" and a "Domestic Risk Assessment" was completed.  
 There were also two small children present in the home at the time of the incident and Department of Families  
 and Children was notified.  
 Steven was transported to the North Palm Beach Police Station for processing and later transported to the Palm  
 Beach County Jail without incident.  
 No other information at this time.

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.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28 day of June 2018

  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

# VICTIM NOTIFICATION FORM

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

- 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.

1. Incident Report #: 18000491 Agency: NPBPD  
Offense: Battery  
Suspect/Offender: Sjosten, Steven Charles J.  
D.O.B. 12/02/76 Race: White Sex: M

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

3.a. Victim's name: Berkery, Michelle D.O.B. 12/14/82 Race: W Sex: F  
Address: 723 Sanctuary Cove Dr.  
City: N. Palm Bch State: FL Zip: 33410  
Home #: 561 781 2844 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: Unknown  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: \_\_\_\_\_  
Deputy's Name: Michael S. Mize I.D.# 9762 Date: 6/28/18

SUSPECT/OFFENDER: Sjosten, Steven Charles J. COURT CASE/WARRANT#: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018021525	Date: 29Jun18
	Specialist Name/ID: R Ehrenberg/6104