

0495263

18mm11/9

NR

P-1099

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 18031667</b>				
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1				
	Location of Arrest (Including Name of Business) <b>9648 RICHMOND CIR, BOCA RATON FL 33434</b>				Location of Offense (Business Name, Address) <b>9648 RICHMOND CIR, BOCA RATON FL 33434</b>						
	Date of Arrest <b>01/27/2018</b>	Time of Arrest <b>1941</b>	Booking Date <b>01/27/2018</b>	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>Sweitzer, Susan, Marie</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W</b>		Sex <b>F</b>	Date of Birth <b>01/20/1959</b>	Height <b>5'04</b>	Weight <b>145</b>	Eye Color <b>BLU</b>	Hair Color <b>BRO</b>	Complexion <b>MED</b>	Build <b>MED</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATTOO RIGHT SHOULDER,</b>				Marital Status <b>Married</b>	Religion <b>BAPTIST</b>	Indication of Alcohol Influence Drug Intoxication Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>9648 Richmond Cir, Boca Raton, FL 33434</b>				Phone <b>(702) 755-8589</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>					
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source <b>FL DL</b>					
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation <b>RETAIL</b>					
D/L Number, State <b>S326793595200, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<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 Custodian <input type="checkbox"/> Other:				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 <b>JAN 27 10:40</b>					
The above address 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 (Phone 355-2526) informed of any change of address. <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 O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>DOMESTIC BATTERY</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 of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>18031667</b>	Warrant / Capias Number		Bond					
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Location (Court Room Number Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>											
Court Date and Time Month Day Year Time AM PM <b>01/27/2018</b>											
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			
HOLD for other Agency Name:			Signature of Arresting Officer			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) <b>D/S F. BIGSBY</b>			(PRINT) <b>26683</b>					
Intake #			Transporting Officer ID # Agency			Witness here if subject signed with an "X" <b>1</b> OF <b>1</b>					

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

SCANNED  
JAN 28 2018

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N	
ADMIN	Agency ORI Number	Agency Name	Agency Report Number						
	<b>FLO 500000</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	<b>06-18031667</b>						
DEF	Charge Type: Check as many as apply.		Special Notes:						
	<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						
CHARGES	Name (Last, First, Middle)		Alias	Race	Sex	Date of Birth			
	<b>Sweitzer, Susan, Marie</b>			W	F	01/20/1959			
VICTIM	Charge Description		Charge Description						
	<b>DOMESTIC BATTERY</b>		784.03(1)(a)(1)						
PROBABLE CAUSE STATEMENT	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth				
	<b>SHOWERS, GEORGE,</b>		W	M	01/01/1981				
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source	
	<b>9648 RICHMOND CIR, BOCA RATON FL 33434</b>					<b>(334) 470-8811</b>			
Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation		
<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27th</u> day of <u>January</u> 20<u>18</u> at <u>1822</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 01/27/2018, at approximately 1823 hours, I was dispatched to 9648 Richmond Cir, unincorporated Boca Raton, Palm Beach County, Florida, in reference to a domestic battery.</b></p> <p><b>On arrival, I made contact with the victim, George Showers, in the driveway, who provided me with a sworn written statement, took a verbal oath to same, and stated that his mother, Susan Sweitzer, battered him. Showers stated that Sweitzer returned to the residence then started an argument about him staying in the residence. Showers stated that the argument escalated and Sweitzer went into her room. Shortly after Sweitzer exited the room and approached Showers. Showers stated the Sweitzer bumped him in the chest with her upper torso and then slapped him on the right side of his face. Showers stated that he did not retaliate, but tried to get away by leaving the residence. Showers stated that there were two other witnesses in the residence when the incident occurred, Mckinley Maia and Graceland Maia.</b></p> <p><b>I then made contact with Suzan Sweitzer, inside the residence, who provided me with a sworn written statement, took a verbal oath to same, and stated that when she arrived at the residence an argument developed between her and Showers. Sweitzer stated that they argued over the ownership of the residence and who will control it, plus who pays the bills. Sweitzer stated that Showers was very angry and approached her while he was cursing at her. Sweitzer stated that Showers stepped up very close to her face while he was cursing at her and she felt very scared. Sweitzer stated that because she felt scared she pushed Showers back by using her two hands to push his chest. Sweitzer said Showers then grabbed her and she slapped Showers. Showers then put his left had around her neck, pushed her up against the wall and squeezed her neck.</b></p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		<b>D/S F. DIGSBY</b>						
	(Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27th</u> day of <u>January</u> 20 <u>18</u> by <u>D/S F. DIGSBY</u>		<b>Known Law Enforcement Officer</b>						
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced									
<u>D/S 01026/0/WH 809</u>									
Notary Public, Clerk of Court, Officer (F.S.S. 117.0)								PAGE 1 OF 2	

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JAN 28 2018

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 18031667</b>				
Charge Type: Check as many as apply.		Special Notes:						
<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								
Name (Last, First, Middle) <b>Sweitzer, Susan, Marie</b>		Alias		Race W	Sex F	Date of Birth 01/20/1959		
Charge Description <b>DOMESTIC BATTERY</b>		784.03(1)(a)(1)		Charge Description				
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) <b>SHOWERS, GEORGE,</b>		Race W		Sex M	Date of Birth 01/01/1981			
Local Address (Street, Apt. Number) <b>9648 RICHMOND CIR, BOCA RATON FL 33434</b>		(City)	(State)	(zip)	Phone <b>(334 ) 470-8811</b>		Address Source	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone ( )		Occupation	
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27th</u> day of <u>January</u> 20<u>18</u> at <u>1822</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>I then made contact with Graceland Maia, who provided me with a sworn written statement, took a verbal oath to same, and stated that Sweitzer returned to the residence and started to complain which led to the argument with Showers. Sweitzer entered the bedroom and slammed the door, approximately one minute later Sweitzer exited the bedroom and "punched" Showers approximately six times. Showers put his arms up over his face to block the punches. Graceland stated that Sweitzer appeared to be intoxicated and she stumbled backward against the wall, then Showers left the residence without any retaliation. I then made contact with McKinley Maia, who provided me with a sworn written statement, took a verbal oath to same, and confirmed Showers' and Graceland's statements.</b></p> <p><b>I photographed the Showers at the location and uploaded them to the domestic violence website. I made a level 2 call to the PBSO Communications in reference to this case. I reported the incident to the Department of Children and Families via the abuse hot-line.</b></p> <p><b>I then provided Showers with a case number, a copy of the case information sheet, a copy of the sworn statement, and my business card for his records. I also provided information about the services of 211. I completed a Log Entry for this case.</b></p> <p><b>Susan Sweitzer did actually and intentionally touch or strike George Showers against the will of George Showers {or} did intentionally cause bodily harm to George Showers and George Showers was a family or household member of Susan Sweitzer, contrary to Florida Statute 784.03(1) and 741.283. Based on the above stated facts probable cause exist to charge to Susan Sweitzer with one count of domestic battery in violation of F.S.S. 784.03(1)(a)(1).</b></p> <p><b>Sweitzer was placed under arrest, handcuffed to the rear with two handcuffs, checked for fit and double locked and placed in the back of the patrol vehicle. Sweitzer was then transported to the Palm Beach County Jail.</b></p>								
STATE OF FLORIDA COUNTY OF PALM BEACH		<b>D/S F. DIGSBY</b>						
(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27th</u> day of <u>January</u> 20 <u>18</u> by <u>D/S F. DIGSBY</u>								
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		<b>Known Law Enforcement Officer</b>						
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
		PAGE 2 OF 2						

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**JAN 28 2018**

# 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 #: 18031667 Agency: PBSO  
Offense: DOMESTIC BATTERY  
Suspect/Offender: Sweitzer, Susan, Marie  
D.O.B. 01/20/1959 Race: W Sex: F

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

3.a. Victim's name: SHOWERS, GEORGE, D.O.B. 01/01/1981 Race: W Sex: M  
Address: 9648 RICHMOND CIR  
City: BOCA RATON FL 33434  
Home #- (334) 470-8811 Work #: 0 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: SHOWERS, GEORGE,

Deputy's Name: D/S F. DIGSBY I.D.# 26683 Date: 01/27/2018

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

PBSO 00029A REV. 4199

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SUSPECT/OFFENDER: **Sweitzer, Susan, Marie**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

VICTIM /WITNESS INFORMATION

VICTIM **SHOWERS** **GEORGE** **W** **M** **01/01/1981**  
 Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

WITNESS **9648 RICHMOND CIR, BOCA RATON FL 33434** **(334) 470-8811**  
 Home Address (Street, Apt. Number) (City) (State) (zip) (Phone)

OWNER **0**  
 Synopsis of Testimony Business (Name & Address) (City) (State) (zip) (Phone)

ADDRESS SOURCE  
 Verbal  
 Driver's License  
 Voter's ID  
 Other

VICTIM **MAIA** **GRACELAND** **W** **F** **09/02/2003**  
 Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

WITNESS **9648 Richmond Cir, Boca Raton, FL 33434** **(334) 447-8575**  
 Home Address (Street, Apt. Number) (City) (State) (zip) (Phone)

OWNER **0**  
 Synopsis of Testimony Business (Name & Address) (City) (State) (zip) (Phone)

ADDRESS SOURCE  
 Verbal  
 Driver's License  
 Voter's ID  
 Other

VICTIM **MAIA** **MCKINLEY** **W** **F** **10/29/2006**  
 Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

WITNESS **9648 Richmond Cir, Boca Raton, FL 33434** **(334) 447-8575**  
 Home Address (Street, Apt. Number) (City) (State) (zip) (Phone)

OWNER **0**  
 synopsis of Testimony Business (Name & Address) (City) (State) (zip) (Phone)

ADDRESS SOURCE  
 Verbal  
 Driver's License  
 Voter's ID  
 Other

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

WITNESS **0**  
 Home Address (street, Apt. Number) (city) (state) (Zip) (phone)

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

synopsis of Testimony

ADDRESS SOURCE  
 Verbal  
 Driver's License  
 Voter's ID  
 Other

SCANNED  
JAN 28 2018



PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS  VICTIM  OTHER

CASE #: 13031607	ZONE: 232	SUSPECT: Susan - Swartzell	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 1-27-18 @ 18:20
EVENT TYPE: SIMPLE BATTERY - DOMESTIC	DEPUTY: DIS D6837	ID#: 22483	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Mackinley		FIRST NAME: MCKINLEY		MIDDLE INITIAL: E	RACE: WF	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) October 29 2000	YOUR HEIGHT: 4'10"	YOUR WEIGHT: 85	YOUR HAIR COLOR: blonde	YOUR EYE COLOR: blue		
YOUR HOME ADDRESS: <input type="checkbox"/> CHECK IF HOMELESS			CITY:	STATE:	ZIP:	
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 ( )	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ( )	EMAIL:		<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: 1 MCKINLEY	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Sue came home from work. She was complaining about how we couldn't use certain things. She went in her room and slammed her door. Then after a couple seconds she came out and punched DJ in the face. DJ through his hands up to defend himself. Sue stumbled because she was drunk and said DJ hurt her so she was calling the police.</p> <p><i>Debbie Mackinley - mom</i></p>	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X MCKINLEY

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
 DATE: 1-27-18 TIME: 19:15  
 SIGNATURE: [Signature] ID: 567

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, 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. 508.00)  
 WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

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PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS  VICTIM  OTHER

CASE #: 18 ZONE: 142 SUSPECT: DATE & TIME OF ORIGINAL EVENT/OFFENSE: 1/27/18  
 EVENT TYPE: Domestic Battery DEPUTY: DISBY ID#: 26683

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Weitzer FIRST NAME: SUSAN MIDDLE INITIAL: M RACE: C SEX: F  
 DATE OF BIRTH: (MM/DD/YYYY) 01/20/1959 YOUR HEIGHT: 5'4" YOUR WEIGHT: 145 YOUR HAIR COLOR: Brown YOUR EYE COLOR: Blue  
 YOUR HOME ADDRESS: 9648 Richmond Cir. CITY: Boca Raton STATE: FL ZIP: 33434  
 YOUR WORK NAME & ADDRESS: Sugar Coconut Creek CITY: Coconut Creek STATE: FL ZIP: 33434  
 WORK PHONE: CELL PHONE: 787 755-8501 HOME PHONE: EMAIL: skanswitzer@rhh.com

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Susan Sweitzer

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

It started when I got I said that all I do is complain. I told him this is my house I have the right to. When he started about when I started paying for the mortgage you don't have the right to when - then starts about Dean, if he was here I would hit his fucking ass. He said something I came out of my room. he was very pissed off. He scare me he was in my face so I pushed him away, then he push me he had my arm so I clap him in the face, after that he grab me & pushed me against the wall & grab my neck (in a use his left hand).

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X [Signature]

DEPUTY SHERIFF  NOTARY PUBLIC FSS-117.10  
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
 DATE: 1/27/18 TIME: 1930  
 SIGNATURE: [Signature] ID: 26683

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, 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 OF DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE THAT I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THIS CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.  DO NOT WISH TO PROSECUTE

SCANNED  
 JAN 28 2018



PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS  VICTIM  OTHER

CASE #: 18-031667	ZONE: 732	SUSPECT: SUSAN SWARTZ	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 1-27-18 @ 1920
EVENT TYPE: SIMPLE BATTERY - DOMESTIC		DEPUTY: D5 DIGSBY	ID#: 26683

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

LAST NAME: maia		FIRST NAME: Graciyn		MIDDLE INITIAL: A	RACE: WF	SEX: F
DATE OF BIRTH: 9/02/03 (MM/DD/YYYY)	YOUR HEIGHT: 5'6	YOUR WEIGHT: 120	YOUR HAIR COLOR: Brown		YOUR EYE COLOR: Green	
YOUR HOME ADDRESS: 9448 Richmond circle			CITY: Boca Raton		STATE: FL	ZIP: 33434
YOUR WORK NAME & ADDRESS:			CITY:		STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (334) 447 3575	CELL PHONE: <input type="checkbox"/> CHECK IF NONE ( )	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ( )	EMAIL: Desiree.wisecup@gmail.com		<input type="checkbox"/> CHECK IF NONE	

**WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY**

1 YOUR NAME: Graciyn maia

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

Sue came home from work and started complaining then her and DJ started to argue, she slammed the door, around a minute later she came out and punched him like 6 times he then put his arms across his face to protect himself and she is drunk so she stumbled against a wall and was stumbling every where. So DJ just got up & left.

Daniel Wassing - mark

READ AND SIGN	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC    FSS: 117.10 SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 1-27-18    TIME: 19:25 SIGNATURE: <i>[Signature]</i> ID:
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:  YOUR SIGNATURE: X Graciyn maia	

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(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY    CANARY - STATE ATTORNEY COPY    PINK - OFFICER'S COPY    GOLD - WITNESS / VICTIM COPY