ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 16115326

ChargeType: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
1080 Parkside Green Drive Apt C, Greenacres, FL, 33415	1080 Parkside Green Drive Apt C Greenacres, FL, 33415

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
8/16/16	23:30	8-17-16	01:15	8-17-16		

DEFENDANT

Name (Last, First, Middle): Serna, Susan

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/8/95	5-2	135	Brown	Brown	Med	Slim

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): An arrow on left arm.

Marital Status: Single | Religion: NONE | Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. Drug Influence ☐ ☐ ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 1080 Parkside Green Drive Apt C Greenacres, FL, 33415 | Phone: (561) 856-1627 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1080 Parkside Green Drive Apt C Greenacres, FL, 33415 | Phone: ( ) | Address Source: Verbal

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: Manager

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S-650-780-95-908-0	[redacted]		Long Island, New York	U.S

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) | Residence Phone: ( )

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone: ( )

VICTIM NOTIFICATION REQUIRED

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled / Processed within Dept. and Released 2. TOT HRS / DYS 3. Incarcerated
	8/16/16		

Released To: (Name) | Relationship | Date | Time

The above address provided by ☑ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Domestic Battery	01	☑ Y ☐ N	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	N/A	16115326		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☑ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): To Be Set

Court Date and Time: Month Day Year Time AM PM

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

2016 AUG 17 AM 5:17

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: x Booth 24998

Name of Arresting Officer (Print): J Booth | I.D. #: 24998

Transporting Officer: J Booth | ID # | Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

SCANNED AUG 17 2016

PAGE 1 OF 1

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

PBSO #148 REV. 8/97

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	Juvenile	
Agency ORI Number: FLO 500000	Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number: 06- 16115326			

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Serna, Susan		W	F	11/8/95

CHARGES

Charge Description	Charge Description
Domestic Battery 784.03(1A1)	
Charge Description	Charge Description

VICTIM

[redacted]

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

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☑ was found to have commited the below acts, resulting from my (described) investigation.

On the 16 day of August 20 16 at 23:30 ☐ A. M. ☑ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On 8/16/16 at 22:23 I D/S Booth #24998 responded to 1080 Parkside Green Drive Apt 2, Greenacres FL 33415 in reference to a domestic dispute. Upon arrival I made contact with the complainant [redacted] who stated the following.

He said that through out the night that he was having an argument with [redacted] W/F Susan Serna 11/8/95 over money. He said that he had entered into her room in order to ask her about money for rent. When he was in the room he said that [redacted] became angry over things that were said therefore she jumped up out of bed. Once out of bed she approached him and punched him in the left side of his mouth with her right arm. On scene he did have a small cut to the left side of his mouth above his upper lip. Once she hit him he said that he pushed her away from him in order to try to protect himself. After that he said that she left the residence and walked towards the pool.

I then made contact with Susan Serna who stated the following. She said that she was in her room and that she did get upset about the conversation. At first she said that she did hit [redacted] first due to him coming extremely close to her. However she later stated that [redacted] did hit her first by kicking her and then punching her in the face. However no marks were present on scene. After she hit [redacted] she left the house and walked towards the pool.

At that time Susan Serna was placed under arrest for Domestic Battery pursuant to FL Statute 784.03(1A1). She was placed into cuffs that were double locked and checked for proper tightness. She was then transported back to the Greenacres Substation for processing.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

J Booth
(Signature of Arresting/Investigative Officer)

Green 2500 Q

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of August 20 16 by J Booth 24998

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

J Booth 24998
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED
AUG 17 2016

PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER# 16115326

DEFENDANT'S NAME: Serna, Susan

DEFENDANTS STATEMENT ☐ YES ☑ NO (IF YES: ☐ WRITTEN ☐ TAPED ☑ ORAL)

SYNOPSIS. _____

VICTIM'S NAME [redacted]

VICTIM'S STATEMENTS: ☑ YES ☐ NO (IF YES) ☑ WRITTEN ☐ TAPED ☐ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Laceration to left forearm

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: _____

PHOTOGRAPHS: SCENE: ☑ YES ☐ NO VICTIM (S): ☐ YES ☐ NO

911 CALL: ☑ YES ☐ NO WHO CALLED: _____

WEAPON USED: ☐ YES ☑ NO TYPE: _____

MEDICAL TREATMENT: ☑ YES ☒ NO

AT SCENE: ☑ YES ☒ NO PARAMEDICS: _____

AT HOSPITAL: ☐ YES ☒ NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: ☑ YES ☑ NO

NAME: David Serna DOB: 10/24/02

NAME: _____ DOB: _____

NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☑ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) ☑ YES ☐ NO VICTIM PREGNANT- ☐ YES ☑ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☒ NO ALCOHOL OR DRUGS INVOLVED: ☐ YES ☑ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☑ NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: _____ PHONE: _____

RELATIVE/FRIEND ADDRESS: _____

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AUG 17 2016

VICTIM NOTIFICATION FORM

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

- **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.

SUSPECT/OFFENDER: _____ COURT CASE/WARRANT#. _____ (FOR WARRANTS USE ONLY)

1. Incident Report #: 16115326 Agency: PBSO
   Offense: Domestic Battery
   Suspect/Offender: Serna, Susan
   D.O.B. 11/8/95 Race: W Sex: F

2. Warrant # (s): _____

[redacted]

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 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: J Booth I.D.# 24998 Date: 08/16/16

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

PBSO 00029A REV. 4199

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AUG 17 2016