

J-0296240

P-231

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 2 NTA	3. Request for Warrant 4. Request for Capias	1	Juvenile					
ADMINISTRATIVE	OBTS Number Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 17126857						
	Charge Type: Check as many: as apply 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator			
Location of Arrest (including Name of Business) 3803 Shoma Drive, Royal Palm Beach, FL 33411				Location of Offense (Business Name, Address) 3803 Shoma Drive, Royal Palm Beach, FL 33411								
Date of arrest 9/14/2017		Time of Arrest 0353		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
DEFENDANT	Name (Last, First, Middle) Vanderburg, Terri, Leigh				Alias (Name, COB, Soc Sec #, Etc)							
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 08/02/1961	Height 5'03"	Weight 120lbs	Eye Color Brown	Hair Color Brown	Complexion light	Build small		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None					Martial Status Widow	Religion Baptist	Indication of Alcohol Influence Drug Influence				
	Local Address (Street, Apt Number) 3803 Shoma Drive				(City) Royal Palm Beach	(State) FL	(zip) 33411 (561)	Phone 255-6137	Residence Type 1 City 3 Florida 2 County 4 Out of State 1			
	Permanent Address (Street, Apt Number)				(City)	(State)	(zip)	Phone	Address Source Verbally Provided			
	Business Address (Name, Street)				(City)	(State)	(zip)	Phone	Occupation Child Care			
	D/L Number, State V536-812-61-782-0, FL		Soc Sec Number		INS Number		Place of Birth (City, State) Chattanooga, TN		Citizenship 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	
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 355-2526) informed of any change of address Yes, by (Name) No (Reason)							School Attended				
CODE	Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					Value of Property				
	Activity N NIA B Buy P Possess		S Sell D Deliver T Traffic	R Smuggle E Use	K. Dispense Distribute	M Manufacture/ Produce/ Cultivate	Z. Other	B Barbiturate N N/A A Amphetamine	H Hallucinogen C Cocaine E Heron	P Paraphernalia/ U. Unknown D Opium/Denv S Synthetic		
CHARGE	Charge Description Simple Domestic Battery				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 784.03(1a1)		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense # 17126857	Warrant / Capias Number		Bond					
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
NOTICE TO APPEAR	Location (Court, Room Number, Address)											
	Month	Day	Year	Time	A.M. 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												
ADMIN	HOLD for other Agency Name x			Signature of Arresting Officer 7982			Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous Suicidal <input type="checkbox"/> Resisted Arrest Other			Name of Arresting Officer (Print) D/S Jon Snow			ID # 7982		(PRINT)			
	Inmate Deputy D/S Corbett 481 237			Transporting Officer Snow 7982 PBSO			Agency		PAGE 1 OF 1			
Witness here if suspect signed with an "X"												



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

CASE NUMBER: 17126857

DEFENDANT'S NAME: Teri L. Vandenburg

DEFENDANT'S STATEMENT:  YES  NO (IF YES:  WRITTEN  TAPED  ORAL)

SYNOPSIS: \_\_\_\_\_

VICTIM'S NAME: \_\_\_\_\_

VICTIM'S STATEMENT:  YES  NO (IF YES:  WRITTEN  TAPED  ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Calm, unemotional

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: \_\_\_\_\_ DOB: 9/20/2009

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

PRIOR HISTORY OF DOMESTIC VIOLENCE:  YES  NO

VIOLATION OF RESTRAINING ORDER:  YES  NO CASE #: \_\_\_\_\_

VICTIM PREGNANT:  YES  NO

ALCOHOL OR DRUGS INVOLVED:  YES  NO

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

RELATIVE/FRIEND NAME: \_\_\_\_\_

RELATIVE/FRIEND ADDRESS: \_\_\_\_\_

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **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.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17126857 Agency: PBSO  
Offense: Simple Domestic Battery  
Suspect/Offender: Terri L. Velderburg  
D.O.B. 8/02/1961 Race: W, 56 Sex: F

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

3.a. Victim

Address

City:

Home

b. Victim

Address

City:

Home

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #: \_\_\_\_\_

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: Snow Jinken I.D. # 7982 Date: 9/14/17

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO 10029A REV. 4/99