

20mm4474

009 7374

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 20073047	
Charge Type Check as many as apply 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized		Multiple Clearance (1-3, 20)		0 1	
Location of Arrest (Including Name of Business) 1941 S Military Trail West Palm Beach		Location of Offense (Including Name of Business) 1941 S Military Trail West Palm Beach FL 33408		Date of Arrest 05/29/2020		Time of Arrest 1433	
Booking Date 05/29/2020		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Dee, Jane Ortiz, Linda		Alias (Name, DOB, Soc. Sec. # Etc.)		Race W. White 1 - American Indian <input type="checkbox"/> B. Black 0 - Oriental/Asian <input type="checkbox"/>		Sex W <input type="checkbox"/> F <input checked="" type="checkbox"/>	
Date of Birth 06/21/68		Height 5'11"		Weight 100 UK		Eye Color Brown	
Hair Color Brown		Complexion med		Build med		Marital Status single	
Sears, Marks, Tattoos, Unique Physical Features (Location, Type, Description) unknown		Religion unknown		Indication of Alcohol Influence 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>		Drug Influence 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>	
Local Address (Street, Apt. Number) AT LARGE		City		State		Zip	
Permanent Address (Street, Apt. Number) Same As Local		City		State		Zip	
Business Address (Street, Apt. Number)		City		State		Zip	
D/L Number, State uk		INS Number		Place of Birth Quito Ecuador		Citizenship USA	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent Name (Last, First, Middle)		City		State		Zip	
Address (Street, Apt. No.)		City		State		Zip	
Notified By (Name)		Date		Time		Juvenile Detention 1. Handled/Processed within Debt and Released 2. TOT HRSDYS 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 561 365-2026) informed of any address change.		Yes, by (Name)		No (Reason)		School Attended	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity S Sell <input type="checkbox"/> N N/A <input type="checkbox"/> P Possess <input type="checkbox"/> T Traffic <input type="checkbox"/>		R Smuggle <input type="checkbox"/> D Deliver <input type="checkbox"/> E Use <input type="checkbox"/>		K Dispense/Distribute <input type="checkbox"/>		M Manufacture/Produce/Cultivate <input type="checkbox"/>	
Z Other <input type="checkbox"/>		Drug type N. N/A <input type="checkbox"/> A. Amphetamine <input type="checkbox"/> E. Heroin <input type="checkbox"/>		B. Barbiturate <input type="checkbox"/> C. Cocaine <input type="checkbox"/>		M. Marijuana <input type="checkbox"/> P. Paraphernalia/Equipment <input type="checkbox"/>	
U. Unknown <input type="checkbox"/> Z. Other <input type="checkbox"/>		Charge Description RESIST WITHOUT VIOLENCE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Drug Activity n		Drug Type n		Amount/Unit n/a		Offense # 20073047	
Statute Violation Number 843.02		Warrant/Capias Number		Bond		Violation or ORD. #	
Charge Description		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity n		Drug Type n		Amount/Unit		Offense #	
Warrant/Capias Number N/A		Bond N/A		Violation or ORD. #			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Violation or ORD. #			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Violation or ORD. #			
Location (Court, Address, Room Number) P.B.C. MAIN JUSTICE COMPLEX - 205 N. DIXIE HWY. WEST PALM BEACH, FL. 33401		Court Date and Time Month July Day 7 Year 2020 Time 830 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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)		Signature of Arresting Officer		Date Signed		Name Verification (Printed by Arrestee)	
Name <input type="checkbox"/> Delinquent <input type="checkbox"/> Subsidial <input type="checkbox"/> Other		Name of Arresting Officer D/S N.. Orsino		ID # 28991		(PRINT)	
Intake Deputy [Signature]		Transporting Officer D/S N.. Orsino		ID #		Agency PBSO	
Witness here if subject signed with an "X"		Page 1 of 1					

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 20073047				
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								
Defendant Name (Last, First, Middle) Doe, Jane Ortiz, Linda				Race W	Sex F	Date of Birth 6/21/84 UK		
Charge RESIST WITHOUT VIOLENCE				Charge				
Charge				Charge				
Victim Name (Last, First, Middle) STATE OF FLORIDA				Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		City	State FL.	Zip	Phone	Address Source DAVID / DL / VERBAL		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
The undersign 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...								
<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.						
<input type="checkbox"/> confessed to admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the 29 day of MAY		20 20		at 1400		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		

On the above date and time I responded to 1941 S Military Trail in reference to a disturbance.

Upon arrival I could hear a female screaming from inside the business. Upon entering the business I observed a female screaming at security and a male subject. The security officer advised me that the female was refusing to leave and requested she be trespassed from the property. I made contact with the female, who refused to provide me with her name. The female stated, "Fuck you I don't need to give you my mother fucking name". I attempted to explain to the female that I needed to document the incident as the business requested she be trespassed from the property, at which time she began walking eastbound through the parking lot stating, "Fuck you cops I don't need to give you shit. Fuck You thats my mother fucking name". At this time the female was handcuffed to the rear, checked for proper fit and tightness and placed into the patrol vehicle.

The security office then requested the second female who was present be trespassed from the business as well. At this time the female refused to provide information and stated, "My attorney is on the way for my daughter and just take me to jail cause I'm not giving you anything". The female was then handcuffed to the rear, checked for proper fit and tightness and placed into the patrol vehicle.

The foregoing instrument was sworn to and affirmed before me this 29 day of May 20 20 , by:	
D/S M. Casteel #28275	D/S N.. Orsino 28991
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
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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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020013799	Date: 05/30/2020
	Specialist Name/ID: AM/31562