

First Appearance Court Order**20th Judicial Circuit****Lee County, Florida****Defendant:** Pena, Gabriel**Aliases:****Case Numbers:** 14-023558MM**Jacket Number:** 287483**Arrest Number:** 778173**Roll Case:**

The State must, within 24 hours, establish probable cause on each charge or release the defendant. The Court does hereby find probable cause on the following charges and RELEASE CONDITIONS. The defendant acknowledges that he/she has been advised of the right to be represented by an attorney now, and at all other CRITICAL STAGES and of the rights on the plea form, and that this plea, conviction and sentence is acceptable. The defendant understands that this conviction may be used on a subsequent felony score sheet and may be considered for purposes of deportation.

On Monday, June 16, 2014, the defendant has been advised he or she is under arrest for the following charges:

PC	Charge	Release	Sentence	Court Appearance
Yes	Battery touch Or Strike M-784.03.1a1 14-023558MM DV Misdemeanor	Release: Bond Bond: \$3,500.00 Type: Cash/Surety Plea:		Date: 7/8/2014 Time: 8:00 AM Room: 5-A Type: DV Arrestment

Counsel: PD provisionally appointed for purposes of the First Appearance hearing, to be screened

Name:**ASA:** Erin Hughes - Bar #103723

Diversion:	
Conditions:	
Probation:	
Other:	

NO CONTACT ORDER IN THE ABOVE CASE(S)

- No Direct/Indirect Contact with: [REDACTED]
 Third Party Contact to discuss children's issues only
 One time visit with law enforcement to get personal belongings

Case Number: [REDACTED] | DOB: [REDACTED] | Race: [REDACTED] | Gender: [REDACTED] | Address: [REDACTED]

Indirect contact includes but is not limited to mail, email, fax, telephone, text messaging, contact through another person, or in any other manner.

This order shall continue in effect until disposition of the case or until modified by a court with jurisdiction over the case. Pena, Gabriel was informed of this No Contact Order at First Appearance.

ANY VIOLATION OF THIS ORDER BY PENA, GABRIEL MAY RESULT IN ARREST WITHOUT BOND UNTIL FIRST APPEARANCE.

DEFENDANT'S OBLIGATIONS IF THE PUBLIC DEFENDER IS APPOINTED:

- Pursuant to Florida Statute 27.52, if the defendant has applied for the services of the Public Defender, a fifty dollar (\$50) application fee must be paid within seven (7) days to the Clerk of the Court (on the 1st floor of the Justice Center).
- The defendant is responsible for contacting the Public Defender's office at (239)533-2911 to (a) find out the name of his/her attorney, (b) obtain court dates, and (c) advise his/her attorney of any change to address or phone number.

Defendant: Pena, Gabriel

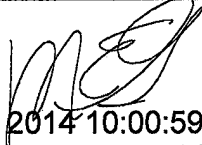
First Appearance Court Order

Case Number(s): 14-023558MM

No further notice of court dates will be given to the defendant by the clerk or the judge. The defendant shall be in court at the time noted above and thereafter as directed or a bench warrant and an estreature of the bond will be issued. The defendant shall be provided with a copy of this Court Order at time of release from the jail.

Applications for the services of the Public Defender can be completed at the Lee County Pretrial Services Department located in the Justice Center, 3rd floor, 1700 Monroe Street, Fort Myers, FL 33901. Pretrial Services can be reached at (239)533-8400.

Mandatory assessments are imposed and shall be included in the judgment without regard to whether the assessment was announced in open court.


Mon Jun 16 2014 10:00:59

Maria E. Gonzalez
Judge, Lee County Florida

1648

ORIGINAL

ARREST / NOTICE TO APPEAR

1. Arrest 2. Notice To Appear 1 Juvenile

OBTS NUMBER 3607084747		Cape Coral Police Department		AGENCY REPORT NUMBER 14-009843		AGENCY ARREST NUMBER 778173				
AGENCY ORI NUMBER F L 0 3 6 0 2 0 0		CLERK CASE NUMBERS 14MM023558		WEAPON SEIZED / TYPE 2 Personal Weapons		DATE OF OFFENSE 6/15/2014				
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 <input type="checkbox"/> 5. ORDINANCE <input type="checkbox"/> 6. OTHER		LOCATION OF ARREST (include Name of Business) Circle K 533 E Cape Coral Pkwy Cape Coral, FL 33904		LOCATION OF OFFENSE (Business Name, Address) Circle K 533 E Cape Coral Pkwy Cape Coral, FL 33904		FINGERPRINTED BY: <input checked="" type="checkbox"/> Identification Only <input type="checkbox"/> Criminal <input type="checkbox"/> AFIS				
DATE OF ARREST 6/15/2014	TIME OF ARREST 1529	BOOKING DATE 06/15/14	BOOKING TIME 1646	JAIL BOOK DATE 06-15-14	JAIL BOOK TIME 1630	FBI NUMBER				
JAIL NUMBER 778173	COUNTY ID NUMBER 3287483	OTHER LOCAL NUMBER	FILE NUMBER	DOC NUMBER	FBI NUMBER					
NAME (Last, First, Middle) Pena, Gabriel				ALIAS						
RACE W - White B - Black I - American Indian O - Oriental / Asian W M	SEX M	DATE OF BIRTH OR AGE 12/12/1976	HEIGHT 5'11"	WEIGHT 190	EYE COLOR BRO	HAIR COLOR BRO	COMPLEXION OLV	BUILD MED		
SCARS, MARKS, TATTOOS, UNIQUE PERSONAL FEATURES (Location, Type, Description)						INDICATION OF: Alcohol Influence <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/>				
LOCAL ADDRESS (Street, Apt. Number) 4336 SW Santa Barbara Blvd Cape Coral, FL 33904		(City)	(State)	(Zip)	PHONE (239)745-7174	RESIDENCE TYPE 1. City 2. County 3. Florida 4. Out-of-State 1				
PERMANENT ADDRESS (Street, Apt. Number) 4336 SW Santa Barbara Blvd Cape Coral, FL 33904		(City)	(State)	(Zip)	PHONE (239)745-7174	ADDRESS SOURCE Verbal				
BUSINESS ADDRESS (Name, Apt. Number)		(City)	(State)	(Zip)	PHONE	OCCUPATION				
DRIVER'S LICENSE STATE / NUMBER FL P500280764520		SOCIAL SECURITY NUMBER		INS NUMBER		PLACE OF BIRTH Puerto Rico, US		CITIZENSHIP Y		
CO-DEFENDANT NAME (Last, First, Middle)				RACE	SEX	DATE OF BIRTH OR AGE		<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 OR AGE		<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		
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	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: *BATTERY - TOUCH OR STRIKE - 14MM023558				COUNTS 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	STATUTE VIOLATION 784.03(1a1)	BOND \$ None			
ACTIVITY N	DRUG TYPE	AMOUNT / UNIT		GOC Not Applicable						
<input type="checkbox"/> PC# <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV. PU <input type="checkbox"/> CITATION				DATE ISSUED	<input type="checkbox"/> Writ. Att <input checked="" type="checkbox"/> Domestic Violence <input type="checkbox"/> Domestic Violence Injury <input type="checkbox"/> Order of Arrest					
CHARGE DESCRIPTION:				COUNTS	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	STATUTE VIOLATION	BOND \$			
ACTIVITY	DRUG TYPE	AMOUNT / UNIT		GOC						
<input type="checkbox"/> PC# <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV. PU <input type="checkbox"/> CITATION				DATE ISSUED	<input type="checkbox"/> Writ. Att <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Domestic Violence Injury <input type="checkbox"/> Order of Arrest					
<input type="checkbox"/> Mandatory Appearance in Court		LOCATION (Court, Room Number, Address)								
<input type="checkbox"/> You need not appear in Court but must comply with instructions on Notice To Appear page.		MONTH July	DAY 8	YEAR 2014	TIME 08:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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 / JUVENILE AND PARENT OR CUSTODIAN										
<input type="checkbox"/> Miranda Warning		HOLD FOR OTHER AGENCY NAME:		VERIFIED BY		DATE	BOND: CHARGE #	BOND: CHARGE #		
<input type="checkbox"/> ADULTS ONLY Hold for First Appearance. Do Not Bond out. Reason:		I SWEAR / AFFIRM THE ABOVE AND ATTACHED STATEMENTS ARE TRUE AND CORRECT		SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS 15 DAY OF June, 2014		BOND TYPE 3. Surety 4. Bail / Bond 5. Cert. 6. Other	TYPE	TYPE		
OFFICER'S / COMPLAINTANT'S SIGNATURE Philip Lamanna		NAME (Printed) Philip Lamanna		ID NO. / TROOP 851-0728 / Platoon 2		RETURNABLE COURT DATE	RETURNABLE COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM			
REPORT ENTERED BY Philip Lamanna		NAME (Printed) Philip Lamanna		ID NO. / TROOP 851-0728 / Platoon 2		RELEASE DATE	RELEASE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM			
RELEASE OFFICER										

PROBABLE CAUSE AFFIDAVIT

1. Arrest (Court) 3. Arrest Affidavit Juvenile
 2. Notice to Appear (Court) 4. Complaint Affidavit
 5. Request for Capias 1

Cape Coral Police Department

ADMINISTRATIVE	ORTS Number 360708477	Agency ORI Number FL0360200	Case Numbers 14MM023558	Agency Report Number 14-009843
	Location of Offense (Business Name, Address) Circle K 533 E Cape Coral Pkwy Cape Coral, FL 33904		Date of Offense 061514	Date of Arrest 061514

DEFENDANT	Name (Last, First, Middle) Pena, Gabriel				Alias				
	Race W - White B - Black W	Sex M	Date of Birth or Age 121276	Height 511	Weight 190	Eye Color BRO	Hair Color BRO	Complexion OLV	Build MED
	Address (Street, Apt. Number) 4336 SW Santa Barbara Blvd Cape Coral, FL 33904						Phone (239)745-7174		

JUVENILE	1. Parent Name of Parent or Custodian (Last, First, Middle) 2. Legal Custodian 3. Other refused				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. Turned Over to HRS / CYF 3. Incarcerated (County Jail)		
	Released To: (Name)		Relationship	<input type="checkbox"/> DB	Arrival Date	Arrival Time	

CHARGE	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 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:						COUNTS	<input type="checkbox"/> F.S. STATUTE VIOLATION <input type="checkbox"/> Ord.	BOND \$	
	ACTIVITY	DRUG TYPE	AMOUNT / UNIT			GOC				
	<input type="checkbox"/> PC# <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV. PU <input type="checkbox"/> CITATION DATE ISSUED <input type="checkbox"/> Writ. Att <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Domestic Violence Injury <input type="checkbox"/> Order of Arrest									

CHARGE	CHARGE DESCRIPTION:						COUNTS	<input type="checkbox"/> F.S. STATUTE VIOLATION <input type="checkbox"/> Ord.	BOND \$	
	ACTIVITY	DRUG TYPE	AMOUNT / UNIT			GOC				
	<input type="checkbox"/> PC# <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV. PU <input type="checkbox"/> CITATION DATE ISSUED <input type="checkbox"/> Writ. Att <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Domestic Violence Injury <input type="checkbox"/> Order of Arrest									

CHARGE	CHARGE DESCRIPTION:						COUNTS	<input type="checkbox"/> F.S. STATUTE VIOLATION <input type="checkbox"/> Ord.	BOND \$	
	ACTIVITY	DRUG TYPE	AMOUNT / UNIT			GOC				
	<input type="checkbox"/> PC# <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV. PU <input type="checkbox"/> CITATION DATE ISSUED <input type="checkbox"/> Writ. Att <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Domestic Violence Injury <input type="checkbox"/> Order of Arrest									

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:
 On the 15 day of June, 2014 at 3:07 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 15 June 2014 at approximately 1508 hours I was dispatched to 533 Cape Coral Pkwy E (Circle K), Cape Coral, which is located in Lee County Florida in reference to a physical disturbance.

According to [redacted] her husband, Gabriel Pena (DOB 12/12/1976) and baby's father started a confrontation with her about money.

[redacted] stated she was holding her baby, [redacted] and Pena started to run toward her and attempted to pull the baby out of her arms [redacted] stated while doing this he was pulling her hair and pulling at the baby. [redacted] stated to protect the baby she punched him to get him off of her, but he continued to come at her until customers separated them.

Alverio refused to provide a sworn written statement.

When contact was made with Pena he initially stated to Officer Pankey "Take me to Jail." He then stated he was punched in the parking lot. Pena stated Alverio punched him for no reason and it wasn't until after he was punched he tried to get the baby. Pena refused to give a written statement.

I made contact with the manager of Circle K, Terri Overton who showed me the security video from the front of the store. It clearly shows Pena was aggressively running toward [redacted] and then he started to grab her and the baby. The video didn't show [redacted] throw a punch but did show her trying to push Pena off of her.

P.C. Exists for Charge(s) Judge's Signature Date

ADMINISTRATIVE	<input type="checkbox"/> Miranda Warning <input type="checkbox"/> Hold for Other Agency Name:	Verified By	Date	Bond: Charge # Type	Bond: Charge # Type	Bond: Charge # Type
	Adults Only <input type="checkbox"/> Hold for First Appearance <input type="checkbox"/> Do Not Bond Out. Reason:	Sworn to and subscribed before me, the undersigned authority this <u>15</u> day of <u>June, 2014</u>	Returnable Court Date	Returnable Court Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Release Date	Release Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	I swear / affirm that above and attached statements are true and correct. Officer's / Complainant's Signature Philip Lamanna Name (Printed)	Sworn to and subscribed before me, the undersigned authority this <u>15</u> day of <u>June, 2014</u> Name / Title of Person Authorized to Administer Oath [Signature] [Signature]	Releasing Officer	Page <u>2</u> of <u>5</u>		

PROBABLE CAUSE STATEMENT

1. Offense 2. Arrest Juvenile 1. Original 2. Supplement

Agency ORI Number F L 0 3 6 0 2 0 0	Agency Name Cape Coral Police Department	Agency Report Number 1 4 - 0 9 8 4 3	
Original Date Reported 0 6 1 5 1 4	Case Reference Pena, Gabriel	CLERK CASE NUMBERS 14MM023558	

Later Pena changed his story and stated the initial incident took place while walking to the Circle K and [redacted] punched him while walking. I was unable to locate anyone who witnessed this and [redacted] denied it. [redacted] stated the whole incident took place in the Circle K parking lot.

Conclusion:

Based on the statements and video evidence I placed Pena under arrest and charged him with DV Battery F.S. 784.03(1a1). Pena was then transported to the Lee County Jail in apparent good health with no further incident.

DCF was contacted because the incident took place while [redacted] was holding their child. DCF operator Kevin #277 stated they would take a report. All parties involved in this incident reported no injuries; no injuries were observed and they otherwise refused medical treatment.

A DV Packet was completed and all info was given to Alverio. A burned copy of the security video was placed into CCPD evidence.

NARRATIVE / CONTINUATION

Report Contains Probable Cause for Arrest		Related Report Number(s)	
Officer(s) Reporting Pankey, Keith	ID. Number(s) 851-0632	Troop Platoon 2	Date 6/15/2014
Officer Reviewing (if Applicable) Hite	ID. Number 851-9811	Routed To	Referred To
Assigned To	By	Date	
Case Status Closed	1. Arrest <input type="checkbox"/> 2. Exceptional <input type="checkbox"/> 3. Unfounded <input checked="" type="checkbox"/> A - Adult <input checked="" type="checkbox"/> J - Juvenile <input type="checkbox"/>	Date Cleared 0 6 1 5 1 4	Arrest Number 778172
Exception Type 1. Extradition Declined	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender	4. V/W Refused to Cooperate
5. Prosecution Declined	6. Juvenile / No Custody	OBTS Number 3607084741	Number Arrested 1
		Page 3	Page of 5

ADMINISTRATIVE HSMV 60011

DEFENDANT NAME: **Pena, Gabriel**

DATE OF ARREST: **6/15/2014**

CLERK CASE: **14MM023558**

NOTICE TO APPEAR WITNESSES	NAME (Last) _____ (First) _____ (Middle) _____		RACE	SEX	DATE OF BIRTH
	Alverio, Nancy		W	F	7/25/1986
	HOME ADDRESS (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____		4336 SW Santa Barbara Blvd Cape Coral, FL 33904 (239)257-0171		
DEFENDANT	BUSINESS (Name and Address) _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____		Circle K 533 E Cape Coral Pkwy Cape Coral, FL 33904 (239)549-1948		
	SYNOPSIS OF TESTIMONY				
	Can testify to burning a copy of the security video.				
DEFENDANT	MARITAL STATUS	NO. DEPENDENTS	LENGTH IN COUNTY	PROPERTY OWNER	ADDRESS OF PROPERTY
	PLACE OF EMPLOYMENT (Name / Address) _____			LENGTH OF EMPLOYMENT	IF LESS THAN TWO YEARS LIST PREVIOUS
	PREVIOUS EMPLOYMENT (Name / Address) _____			YEARS MONTHS	ANNUAL INCOME
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/> Below \$10,000		<input type="checkbox"/> 10,000-15,000	<input type="checkbox"/> 15,000-20,000	<input type="checkbox"/> 20,000-30,000
	<p>THE DEFENDANT NAMED ON THE ARREST / NOTICE TO APPEAR PAGE OF THIS DOCUMENT CAME BEFORE ME FOR ADVISORY AND SOLVENCY HEARING ON THE _____ DAY OF _____, 20____ AT _____ AM/PM, AND WAS ADVISED BY ME OF THE CHARGE AGAINST HIM, HIS RIGHT TO REMAIN SILENT, THAT ANY STATEMENT BY HIM MAY BE USED AGAINST HIM, HIS RIGHT TO COUNSEL, AND, IF HE IS FINANCIALLY UNABLE TO AFFORD COUNSEL, THAT COUNSEL FORTHWITH WILL BE APPOINTED; OF HIS RIGHT TO COMMUNICATE WITH HIS COUNSEL, FAMILY OR FRIENDS, AND THAT REASONABLE IMPLEMENTATION WILL BE AFFORDED HIM TO CONTACT THE FOREGOING.</p> <p>I FURTHER CERTIFY THAT:</p> <p><input type="checkbox"/> DEFENDANT HAS ADVISED THE COURT THAT HE HAS RETAINED COUNSEL, OR WILL RETAIN COUNSEL.</p> <p><input type="checkbox"/> THE COURT INVESTIGATED DEFENDANT'S SOLVENCY AND FOUND THE DEFENDANT SOLVENT AND FINANCIALLY ABLE TO SECURE COUNSEL.</p> <p><input type="checkbox"/> THE COURT INVESTIGATED DEFENDANT'S SOLVENCY AND APPOINTED THE PUBLIC DEFENDER TO REPRESENT DEFENDANT.</p> <p><input type="checkbox"/> THE DEFENDANT WAIVED THE RIGHT TO COUNSEL AT THE FIRST APPEARANCE ONLY</p> <p><input type="checkbox"/> THE COURT REVIEWED THIS ADVISORY AND FINDS THERE IS THERE IS NOT PROBABLE CAUSE TO HOLD AND BIND OVER THE DEFENDANT FOR TRIAL.</p> <p><input type="checkbox"/> THE PROBABLE CAUSE DETERMINATION IS HEREBY PASSED 72 HOURS.</p> <p><input type="checkbox"/> ORDER OF NO IMPRISONMENT (ONI).</p> <p>BOND ACTION TAKEN, IF ANY _____ JUDGE: _____</p> <p><input type="checkbox"/> I HAVING BEEN FOUND SOLVENT AND FINANCIALLY ABLE TO SECURE COUNSEL, HEREBY WAIVE COUNSEL UNTIL MY ATTORNEY FILES AN APPEARANCE IN THIS CASE OR UNTIL I FILE A WRITTEN REQUEST FOR A REVIEW OF MY SOLVENCY AND ABILITY TO SECURE COUNSEL.</p> <p><input type="checkbox"/> I HEREBY WAIVE THE RIGHT TO COUNSEL AT THE FIRST APPEARANCE ONLY. DEFENDANT'S SIGNATURE _____</p> <p><input type="checkbox"/> I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THE FOREGOING COMPLAINT AND ADVISORY.</p> <p>DEFENDANT'S SIGNATURE: _____ DEFENDANT'S ATTORNEY'S SIGNATURE: _____</p>				
	<p>DEFENDANT'S SIGNATURE: _____ DEFENDANT'S ATTORNEY'S SIGNATURE: _____</p>				
WAIVER	<p>I HAVE BEEN ADVISED OF MY RIGHT TO A PRELIMINARY HEARING IN CASE NUMBER(S) _____ IN WHICH I AM THE DEFENDANT, AND I DESIRE TO WAIVE AND DO HEREBY WAIVE MY RIGHT TO SUCH PRELIMINARY HEARING CONCERNING ALL OF THE CHARGES AGAINST ME IN SAID CASE(S).</p> <p>DEFENDANT'S SIGNATURE: _____</p>				
	<p>DEFENDANT'S SIGNATURE: _____</p>				
FIRST APPEARANCE	<p>CASE NUMBER _____ ARRAIGNMENT, JUDGMENT, SENTENCE, AND ORDER</p> <p>SAID DEFENDANT WAS ARRAIGNED FOR TRIAL ON _____ AND ENTERED A PLEA OF _____ GUILTY TO THE CHARGE AS SET FORTH HEREIN.</p> <p>AFTER HEARING THE EVIDENCE AND DULY CONSIDERING THE SAME, THE COURT FINDS YOU THE DEFENDANT, _____ GUILTY OF SAID CHARGE, AND IT IS ORDERED AND ADJUDGED THAT YOU, THE DEFENDANT, ARE _____ GUILTY AS CHARGED OF SAID OFFENSE AS SET FORTH HEREIN.</p> <p>IT IS, THEREFORE, THE JUDGMENT ORDER, AND SENTENCE OF THE COURT THAT YOU, THE DEFENDANT, BE IMPRISONED IN THE COUNTY JAIL OF _____ COUNTY FLORIDA, FOR THE TERM OF _____ DAYS, AND PAY A FINE OF \$ _____ AND \$ _____ THE COST HEREIN; AND IN DEFAULT OF SUCH PAYMENT THAT YOU THE DEFENDANT, STAND COMMITTED TO THE COUNTY OF _____ COUNTY, FLORIDA, FOR A TERM OF _____ DAYS.</p> <p>DONE, ORDERED, AND ADJUDGED IN OPEN COURT AT _____ COUNTY, FLORIDA, ON _____</p> <p>JUDGE _____, COUNTY COURT IN AND FOR _____ COUNTY, FLORIDA.</p>				
	<p>CHARGE _____ ACTION _____ DATE _____</p>				
	<p>BOND AMOUNT \$.00 CASH / SURETY: RECEIPT NUMBER _____</p> <p>ESTREATED BY (JUDGE): _____ DATE: _____</p>				

DEFENDANT NAME: **Pena, Gabriel**

DATE OF ARREST: **6/15/2014**

CLERK CASE: **14MM023558**

IMPORTANT - FILL IN COMPLETELY (IF APPLICABLE)

DATE AND TIME FOR FELONY FILING CONFERENCE

M T W TH F
(Circle One)

A.M. P.M.
(Check One)

REASON / SHIFT ASSIGNMENT _____

LOCATION _____ A.S.A. _____ APPROVED _____

Schedule of Witnesses and Evidence (or copy appropriate pages of Offense Report)

FILL OUT IN AS MUCH DETAIL AS POSSIBLE

Evidence / Chain of Custody _____

Arresting Officer (Lead) _____

Arresting Officer(s) _____

WITNESSES (or copy appropriate pages of Offense Report)

<input checked="" type="checkbox"/> VICTIM	Alverio, Nancy				W	F	7/25/1986		
	Name (Last)	(First)	(Middle)		Race	Sex	Date of Birth		
<input type="checkbox"/> WITNESS	4336 SW Santa Barbara Blvd Cape Coral, FL 33904				(239)257-0171		ADDRESS SOURCE		
<input type="checkbox"/> OWNER	Home Address (Street, Apt. Number)				(City)	(State)	(Zip)	(Phone)	<input type="checkbox"/> Verbal
	Business (Name & Address)				(City)	(State)	(Zip)	(Phone)	<input type="checkbox"/> Driver's License
									<input type="checkbox"/> Voter's ID
									<input type="checkbox"/> Other _____

Stated she will refuse to give any testimony

Synopsis of Testimony _____

<input type="checkbox"/> VICTIM	Overton, Terri				W	F	8/17/1961		
	Name (Last)	(First)	(Middle)		Race	Sex	Date of Birth		
<input checked="" type="checkbox"/> WITNESS	Circle K 533 E Cape Coral Pkwy Cape Coral, FL 33904				(239)549-1948		ADDRESS SOURCE		
<input type="checkbox"/> OWNER	Home Address (Street, Apt. Number)				(City)	(State)	(Zip)	(Phone)	<input type="checkbox"/> Verbal
	Business (Name & Address)				(City)	(State)	(Zip)	(Phone)	<input type="checkbox"/> Driver's License
									<input type="checkbox"/> Voter's ID
									<input type="checkbox"/> Other _____

Can testify to burning a copy of the security video.

Synopsis of Testimony _____

<input type="checkbox"/> VICTIM									
<input type="checkbox"/> WITNESS	Name (Last)	(First)	(Middle)		Race	Sex	Date of Birth		
<input type="checkbox"/> OWNER	Home Address (Street, Apt. Number)				(City)	(State)	(Zip)	(Phone)	<input type="checkbox"/> Verbal
	Business (Name & Address)				(City)	(State)	(Zip)	(Phone)	<input type="checkbox"/> Driver's License
									<input type="checkbox"/> Voter's ID
									<input type="checkbox"/> Other _____

Synopsis of Testimony _____

<input type="checkbox"/> VICTIM									
<input type="checkbox"/> WITNESS	Name (Last)	(First)	(Middle)		Race	Sex	Date of Birth		
<input type="checkbox"/> OWNER	Home Address (Street, Apt. Number)				(City)	(State)	(Zip)	(Phone)	<input type="checkbox"/> Verbal
	Business (Name & Address)				(City)	(State)	(Zip)	(Phone)	<input type="checkbox"/> Driver's License
									<input type="checkbox"/> Voter's ID
									<input type="checkbox"/> Other _____

Synopsis of Testimony _____



CAPE CORAL POLICE DEPARTMENT STATEMENT



Name: Nancy Alverio C.R. #: 14-009843

Address: 4346 4336 Sw Santa Barbara

Offense: _____

Telephone: _____ / _____ / 257 0171
Home Work Cell

E-Mail Address: None

DL# _____ State: _____ Date of Birth: 7/25/86

Height: 4-11 Weight: 108 Hair: Bro Eyes: Brow

I freely volunteer the following statement to ofc. P. Lamanna of
the Cape Coral Police Department on 6-15-14 at 4:30 AM / PM

REFUSE

I have submitted this statement consisting of 1 page(s) and the facts contained therein are true and correct.

Nancy Alverio
Signature

Sworn to and subscribed before me this 15th day of June, 20 14.

[Signature] Lamanna 0728

Police Officer & Badge # Notary



CAPE CORAL POLICE DEPARTMENT Public Record Exemption Request



Crime Report # 14-009843

Type of Offense: sexual battery aggravated child abuse
 aggravated stalking harassment
 aggravated battery domestic violence

Section 119.07(3)(y), Florida Statutes, provides that a victim of one of the foregoing crimes may request that information which reveals the victim's home or employment telephone number, home of employment address, or personal assets be exempt from public disclosure in records generated by this department. If you want to request this exemption, please read and sign below.

I am requesting that the City of Cape Coral Police Department exempt my home and employment telephone number, my home and employment address, and information about my personal assets from public disclosure.

I understand that certain state and federal agencies are authorized by law to have this information and that, when required to do so, the City of Cape Coral Police Department will provide those agencies with this information.

I understand that the City of Cape Coral Police Department has no control over what information is released by other agencies and that I have been advised to contact the Clerk of the Court, the State Attorney's office and any other agency which may be in possession of documents containing personal information about me.

I understand that this request is valid for five years and that this information will cease to be exempt from public record after that time. I further understand that Florida law is subject to change and the City of Cape Coral Police Department may be required to make this information public in the future.

Nancy Amerio
VICTIM'S SIGNATURE

[Signature] 0708
WITNESS

Nancy Amerio
PRINTED NAME OF VICTIM

6/15/14
DATE

GUARDIAN'S SIGNATURE (if a minor)

DOMESTIC VIOLENCE REPORT

AGENCY NAME: <u>CLPD</u>		AGENCY CASE #: <u>14-009943</u>	
Victim's Name: (L,F,M) <u>Alverio, Nancy</u>	D.O.B.: <u>7/25/86</u>	Address: <u>4336 SW Santa Barbara Blvd</u>	Race: <u>W</u> Sex: <u>F</u>
Suspect's Name (L,F,M) <u>Pena, Gabriel</u>	D.O.B.: <u>12/12/76</u>	Address: <u>239-745-7174 Barabara</u> <u>4336 SW Santa Barbara Blvd</u>	Race: <u>W</u> Sex: <u>M</u>

I RESPONDED TO A DOMESTIC VIOLENCE CALL AT: (Time & Address) _____ Offense: _____

VICTIM	SUSPECT	Relationship between parties:
<input type="checkbox"/> Afraid <input checked="" type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Calm <input type="checkbox"/> Crying <input type="checkbox"/> Hysterical <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Uncooperative/Hostile <input type="checkbox"/> Other (explain in narrative)	<input type="checkbox"/> Afraid <input checked="" type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Calm <input type="checkbox"/> Crying <input type="checkbox"/> Hysterical <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Uncooperative/Hostile <input type="checkbox"/> Other (explain in narrative)	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Former spouse <input type="checkbox"/> Cohabitants <input type="checkbox"/> Former cohabitants <input type="checkbox"/> Siblings <input type="checkbox"/> Blood relatives <input type="checkbox"/> Child in common <input type="checkbox"/> Parent/child

MEDICAL TREATMENT	VICTIM	SUSPECT	EMS: Unit # _____
None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES: _____ _____ _____
Will seek own doctor	<input type="checkbox"/>	<input type="checkbox"/>	
First aid	<input type="checkbox"/>	<input type="checkbox"/>	
Paramedics	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Refused medical aid	<input type="checkbox"/>	<input type="checkbox"/>	
Medical release signed (attached) <input type="checkbox"/>			
If went to hospital, which one? _____		Name of attending DR.? _____	

EVIDENCE COLLECTED:
 From: Crime Scene Hospital Other: explain _____
 Photos: yes no
 Copies forwarded to SAO: yes no
 Taken by: _____

DESCRIBE ALL PHOTOGRAPHS:

Photos of victim's injuries <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Weapons used during incident
Photos of suspect's injuries <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Type of weapon used: <u>hands</u>
Photos of scene <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Weapon(s) seized? <input type="checkbox"/> yes <input type="checkbox"/> no
	Firearm(s) seized? <input type="checkbox"/> yes <input type="checkbox"/> no
	Alcohol/drugs involved? <input type="checkbox"/> victim <input type="checkbox"/> suspect

9-1-1 CALL? yes no

Prior history of Domestic Violence	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Prior history of Domestic Violence documented	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of incidents: _____
Reporting officer: _____	LD. # _____	
Supervisor Approval: _____	LD. # _____	

WITNESSES:

Victim's statement taken: yes no
 Children present during incident? yes no
 Names of Children/Ages/Schools attending _____

Was CFS contacted? yes no

1) Jayleen Pena 3/27/12 Statement taken? yes no
 2) _____ Statement taken? yes no

Additional Witnesses: (names & addresses)

1) None 2) _____

Statement taken? yes no

Statement taken? yes no

Additional officers: Pinkney _____

VICTIM GIVEN:

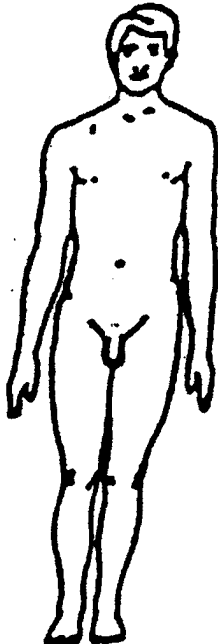
- Domestic Violence information
- Victim Information Card

EMERGENCY CONTACT PERSON FOR VICTIM:

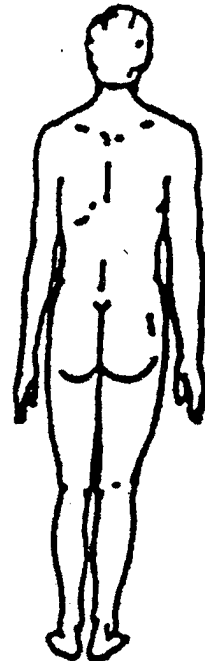
Name: _____ phone _____

SPONTANEOUS STATEMENTS BY VICTIM:

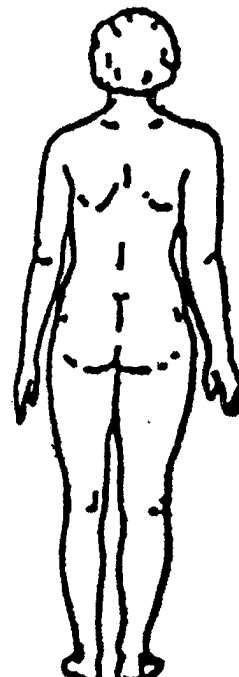
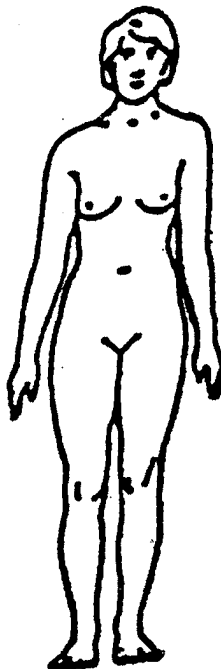
He tried to take my baby.



VICTIM
 SUSPECT
 HT 5'11
 WT 195



VICTIM
 SUSPECT
 HT 4-11
 WT 108



Mary Davis

Victim's Signature

A. [unclear]

Officer Name & I.D. #

6/15/14

Date

14-009843

Complaint #