

21CF 1171AMB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 NTA.	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 21-033273									
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Multiple Clearance Indicator 1 01							
Location of Arrest (including Name of Business) 7363 PANACHE WAY, BOCA RATON, FL. 33433				Location of Offense 7363 PANACHE WAY, BOCA RATON, FL. 33433 SAME AS LOCATION OF ARREST									
Date of arrest 02/08/2021	Time of Arrest 01:00	Booking Date 02/08/2021	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A							
Name (Last, First, Middle) BOLENDER, MARY, KATHRYN				Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 01/07/1959	Height 5'1	Weight 115	Eye Color HAZEL	Hair Color BR	Complexion LIGHT	Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status DIVORCED	Religion CATHOLIC	Indication of: Alcohol Influence Drug Influence		Y N Unk. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) 7363 PANACHE WAY		(City) BOCA RATON	(State) FL	(zip) 33433	Phone (561) 441-2791	Residence Type: 1. City 2. County 3. Florida 4. Out of State		2					
Permanent Address (Street, Apt. Number) 7363 PANACHE WAY		(City) BOCA RATON	(State) FL	(zip) 33433	Phone (561) 441-2791	Address Source LICENSE							
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation							
D/L Number, State B453-591-59-507-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) NIAGRA FALLS, NY		Citizenship USA					
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					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last, First)		Address (Street, Apt. Number, City, State, zip)		Residence Phone Business Phone							
Notified by: (Name)				Date	Time		JUVENILE DISPOSITION RSD/SYS Arrested						
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		Grade							
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property									
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/ U. Unknown Equipment S. Synthetic Z. Other
Charge Description AGGRAVATED ASSAULT		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.021(1A)		Violation of ORD #							
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 21-033273	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	Drug Type	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	Drug Type	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	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond							
Location (Court, Room Number, Address)				Court Date and Time									
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									
HOLD for other Agency Name		Signature of Arresting Officer		Name Verification (Printed by Arrestee)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S J. PURY		I.D. # 7784							
Deputy		Pouch #		Transporting Officer		I.D. # 7784							
Witness here if suspect signed with an "X"				PAGE 1 OF 1									

(1) NO BOND

DOMESTIC

VICTIM NOTIFICATION REQUIRED

JUSTICE CENTER
PALM BEACH COUNTY
GUN CLUB

FEB - 8 AM

052/289

SCANNED/272
FEB 08 2021

3A

AS


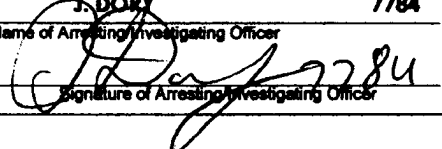
OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest	3. Request For Warrant	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		21033273			
Charge Type: Check as many as apply		Special Notes								
<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input 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) BOLENDER MARY			Defendant Name (Last, First, Middle) KATHRYN			Race W	Sex F	Date of Birth 01/07/59		
Charge Aggravated Assault with a deadly weapon (Domestic Related)						Charge				
Charge						Charge				
Victim Name (Last, First, Middle) LOVE STEVEN			Victim Name (Last, First, Middle) N			Race W	Sex M	Date of Birth 08/25/63		
Local Address (Street, Apt. Number) 7363 PANACHE WAY		City BOCA RATON		State FL	Zip 33428	Phone 954381-6211		Address Source DHSMV		
Business Address (Street, Apt. Number)		City N		State N	Zip N	Phone		Occupation NONE		
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 8TH day of FEBRUARY 20 21 at 120 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM										

On the above date and time, I responded to 7363 Panache Way, Boca Raton, FL in reference to a domestic dispute in progress. Upon arrival I met with the complainant, Steven Love who stated that his girlfriend, Mary Bolender had attacked him with a knife and stated that she was going to kill him. Steven advised that Mary pointed the knife at his stomach and stated that she was going to kill him. He continued to say that he was in fear for his life and thought that Mary was going to stab him in his stomach. He then moved away from her and called 911.

Steven and Mary have been dating and living together as a family for the past six months. Upon making contact with Mary, she was very agitated and uncooperative. She refused to answer my questions and stated that she wanted Steven to leave her house. She also told me to get out of her house.

I took photographs of both subjects and the knife. I uploaded them onto PBSO's domestic violence website.

Based on the above stated information I have reason to believe and do believe the defendant, Mary Bolender violated F.S.S. 784.021(1)(A); aggravated assault with a deadly weapon(Domestic Related). I placed her under arrest then transported her to the Palm Beach County Jail for booking.

The foregoing instrument was sworn to and affirmed before me this <u>8th</u> day of <u>February</u> 20 <u>20</u> , by:	
D/S Johnson # 7655	J. DORY 7784
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
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER: 21-033273

DEFENDANT'S NAME: MARY KATHRYN BOLENDER

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

SYNOPSIS: _____

VICTIM'S NAME: STEVEN LOVE

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

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) APEARED UPSET AS HE ADVISED ABOUT THE ALTERCATION HE JUST HAD WITH HIS GIRLFRIEND MARY BOLENDER

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: BOYFRIEND/GIRLFRIEND

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

911 CALL: YES NO WHO CALLED: STEVEN LOVE

WEAPON USED: YES NO TYPE: KNIFE

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: _____ DOB: _____
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: _____

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 #: 21-033273 Agency: PBSO
Offense: AGGRAVATED ASSAULT WITH A DEADLY WEAPON
Suspect/Offender: MARY KATHRYN BOLENDER
D.O.B. 01/07/1959 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: STEVEN LOVE D.O.B. 08/25/1963 Race: W Sex: M
Address: 7363 PANACHE WAY
City: BOCA RATON State: FL Zip: 33433
Home #: (561) 381-6211 Work #: _____ Other: _____

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. DORY I.D.# 7784 Date: 02-08-2021

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 0022A REV. 4/99

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:



PALM BEACH COUNTY SHERIFF'S OFFICE
 Florida State Statute Exemption Sheet

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: 2021003186	Date: 02/08/2021
	Specialist Name/ID: T Howard/7185