

0564272

25 CF 10268

3844

Marsy's Law CVI FL. Const. Art.1 § 16(b)

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report Check if Supplement is Attached1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for CapiasJuvenile

ADMINISTRATIVE	Agency ORI Number		Agency Name		Agency Report Number							
	FLO1 5:0:0:0:0:0		PALM BEACH COUNTY SHERIFF'S OFFICE		0 16 -I- 25129247							
DEFENDANT	Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator					
	Location of Arrest (including Name of Business)		Location of Offense (Business Name, Address)									
	Date of Arrest 12/26/2025		Time of Arrest 2027 hrs		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
	Name (Last, First, Middle) Blake, Martha Jo											
	Race W - White B - Black		Sex W <input checked="" type="checkbox"/> F <input type="checkbox"/>		Date of Birth 11/14/1959		Height 5'10	Weight 160	Eye Color Brown <input checked="" type="checkbox"/>	Hair Color Blond <input checked="" type="checkbox"/>	Complexion Medium <input checked="" type="checkbox"/>	Build Medium <input checked="" type="checkbox"/>
	Scars, Marks, Tattoo, Unique Physical Features (Location, Type, Description)						Marital Status Single <input checked="" type="checkbox"/>	Religion None <input type="checkbox"/>	Indication of: Alcohol Influence Drug Influence			
	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Mobile Phone (814) 9399986	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ()	Address Source verbal		
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()	Occupation retired		
	D/L Number, State B420550599140 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Pennsylvania		Citizenship USA			
CO-DEF	Co-Defendant (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 (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	Name (Last) Parent Legal Custodian Other		(First)		(Middle)		Residence Phone ()					
	Address (Street, Apt. Number)		(City)		(State)		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 (561) 355-6511) informed of any change of address.						School Attended					
	<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)						Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property						
CODE	Drug Activity N. 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	Drug Type B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogens M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other		
	Charge Description First Degree Murder			Counts 1	Domestic Violence Y <input checked="" type="checkbox"/> N	Statute Violation Number 782.04(1A1)		Violation of ORD #				
CHARGE	Drug Activity n	Drug Type n	Amount / Unit	Offense # 25129247		Warrant / Capias Number		Bond				
	Charge Description			Counts 1	Domestic Violence Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond				
	Charge Description			Counts 1	Domestic Violence Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond				
	Charge Description			Counts 1	Domestic Violence Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond				
	Charge Description			Counts 1	Domestic Violence Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
NOTICE TO APPEAR	Location (Court, Room Number, Address)									FILED DEC - 25 DEC 27 AM5:30 '25 DEC 27 AM5:30		
	Court Date and Time Month Day Year Time A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>											
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												
I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature												
ADMIN	HOLD for other agency SCANNED			Signature of Arresting Officer x 7374			Name Verification (Printed by Arrestee) DECEMBER 27, 2024 (PRINT)					
	<input type="checkbox"/> Dangerous	<input type="checkbox"/> Resisted Arrest	<input type="checkbox"/> Other	Name of Arresting Officer (Print) Det. J. Gelfand	I.D. # 7374							
	Intake Deputy J. Gelfand	DAIS #	Pouch #	Transporting Officer DS Williams	Agency 31828							
	Witness here if subject signed with an "X"											

				PROBABLE CAUSE AFFIDAVIT								
ADMIN	OBT5 Number						1 Arrest 2 NTA		3 Request for Warrant 4 Request for Copies			
	Agency ORI Number		Agency Name		Agency Report Number		1		Juvenile			
FLO 5 0 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		25129247								
Charge Type Check as many as apply		<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other				Special Notes						
DEF	Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth			
	Blake, Martha Jo				W		F		11/14/1959			
CHARGES	Charge Description				Charge Description							
	First Degree Murder											
	Charge Description				Charge Description							
VICTIM	Victim's Name (Last, First, Middle)		Patricia				Race		Sex		Date of Birth	
	Blake						W		f			
	Local Address (Street, Apt Number)		(City)		(State)		(Zip)		Phone		Address Source	
											DAVID	
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
	The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) 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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.											
	On the 26th <input type="checkbox"/> day of December 20 25 at 0758 <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)											
	<input type="checkbox"/> Marcy's Law CVI FL. Const. Art. I § 16(b)											
PROBABLE CAUSE STATEMENT	<p>On December 26 2025, Deputies from the Palm Beach County Sheriffs Office responded to [REDACTED] within unincorporated [REDACTED] Palm Beach County, for a death investigation. Deputy Mitchell Avila initially responded to the scene and located the decedent, identified as 97 year old Patricia Blake, lying on her back in bed, with sheets covering her body. Palm Beach County Fire-Rescue had arrived on scene prior to deputies and pronounced Blake deceased at 0758 hours. Also present on scene was the daughter of the decedent, Martha Jo Blake.</p> <p>During the initial investigation, Martha Jo Blake stated that she last saw her mother alive the previous evening at approximately 2200 hours. She further stated that Patricia Blake had a medical history to include Parkinson disease and a thyroid disorder. Patricia's primary care doctor is out of state, so the case was referred to the Palm Beach County Medical Examiner's Office for an autopsy.</p> <p>Dr. Reinhard conducted an autopsy of Patricia Blake at 1100hrs, and discovered several things that were suspicious and more consistent with a homicide as opposed to a natural death. After conducting the autopsy, the Medical Examiner's Office notified the Palm Beach County Sheriffs Office Violent Crimes Division Homicide Unit to conduct a further investigation. Your affiant met with Dr. Reinhard and learned that upon arrival to the medical examiner's office, staff noticed that the entire face from the neck up, with a clear line of demarcation, was a reddish/purple color that is consistent with lividity upon death. There is a void in the Lividity on the top of the nose which is consistent with something being placed on the face. During the autopsy, the following injuries were discovered: Starting from the head, there was internal hemorrhaging located on both sides of the head in the temporalis muscles. Both eyes had hemorrhaging and there was petechiae in the eyeballs and eyelids. Further petechiae was observed on the cheeks, and inside the mouth. Petechiae can be associated with strangulations and lack of oxygen. Hemorrhage was observed around the mouth. During an examination of the neck, a fresh fracture was found at the C5 vertebra. Internal hemorrhage was also noted on both sides of the neck. Dr. Reinhard stated that these combination of injuries were not consistent with a natural death.</p> <p>I reviewed the BWC video of DS Avila and saw that upon his arrival at [REDACTED] the decedent was discovered lying on her back in the bed. I also spoke with DS Avila, who told me that he did see discoloration of the face upon his initial examination of the scene, and did not notice any signs of a struggle upon his initial scene assessment concerning the Patricia Blake. DS Avila stated that the only thing he found off about the encounter with Martha Blake was she wanted to stay with the decedent at all times during the investigation. The only occupants of the residence were reported to be the decedent, Patricia Blake, and her daughter, Martha Jo Blake.</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH				<input checked="" type="checkbox"/> Check if Narrative continues onto next page							
	(Signature of Arresting/Investigative Officer)											
	The foregoing instrument was sworn to or affirmed and subscribed before me this 26 <input type="checkbox"/> day of December 20 25 by Det J Gelfand ID 7374											
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced				LEO							
	Notary Public, Clerk of Court, Officer (F.S.S.), 117, 1 D)											
	PAGE 1 OF 3											

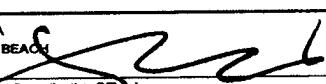
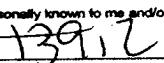
I also noticed that upon DS Avila's initial conversation with Martha Jo Blake, there was approximately quarter sized circular discoloration on the left side of her neck.

Based on the autopsy findings of petechiae in several areas of the face and head, internal hemorrhage and trauma, your affiant requested a search warrant of [REDACTED] to further search for evidence of the crime of murder. The search warrant was granted and served at approximately 1900 hours.

When the search warrant was served, Martha Blake was present at the apartment, along with a couple friends. The home was secured and your affiant conducted an interview with Martha Blake. The interview took place within my unmarked Sheriffs Office vehicle which was parked in front of the apartment. I explained to Blake that I was conducting an investigation into the death of her mother and asked if she would voluntarily provide me with a statement. It was explained that she was not detained or in-custody, and was free to leave at any time. She acknowledged this and agreed to provide me with a statement. During the interview, I learned Martha has been Patricia Blake's primary caregiver for approximately five years. Her mother suffered from Parkinson's disease, thyroid issues, and general ailments associated with her advanced age of 97 years old. Martha told me that approximately one and a half years prior, they discussed "Death with Dignity" with Patricia's primary care physician in Maine. Martha explained that this is a form of assisted suicide. However, Patricia's physician told them she did not qualify due to not having a terminal illness. Martha told me, Patricia has told her that she did not want to live, and has told her this many times. At one point, they discussed suicide by taking pills, but decided that they did not have anything that was lethal that she could take. [REDACTED]

Martha would re-iterate these statements to me as well in a post-Miranda statement.

STATE OF FLORIDA COUNTY OF PALM BEACH		<input checked="" type="checkbox"/>	Check if Narrative continues onto next page						
(Signature of Arresting /Investigative Officer)		26	December	20	25	by	Det J Gelfand	ID	7374
The foregoing instrument was sworn to or affirmed and subscribed before me this									
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced									
Notary Public, Clerk for Court, Officer (F.S. 117.10)									
12/17/11									
LEO									
PAGE 2 OF 3									

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1 Arrest	2 NTA	3 Request for Warrant	4 Request for Capias	1 <input type="checkbox"/>	Juvenile <input type="checkbox"/>	
ADMIN	Agency ORI Number	Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number			25129247		
	FLO 5 0 0 0 0 0 0										
DEF	Charge Type Check as many as apply	1 Felony <input checked="" 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 <input type="checkbox"/>	Special Notes			
	Name (Last, First, Middle)	Alise			Race <input type="checkbox"/> W	Sex <input type="checkbox"/> F	Date of Birth 11/14/1959				
CHARGES	Charge Description First Degree Murder			Charge Description							
	Charge Description			Charge Description							
VICTIM	Victim's Name (Last, First, Middle)	Patricia			Race <input type="checkbox"/> W	Sex <input type="checkbox"/> f	Date of Birth [REDACTED]				
	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone ([REDACTED])		Address Source DAVID				
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone ([REDACTED])		Occupation				
<p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law. The Person taken into custody:</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input checked="" type="checkbox"/> confessed to Det Gelfand admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 26th <input type="checkbox"/> day of December 20 25 at 0758 <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p>											
<p><input type="checkbox"/> Marcy's Law CVI FL. Const. Art.1 § 16(b)</p> <p>During the execution of the search warrant, detectives were able to recover a pair of white calf length socks that were in a shopping bag, within a garbage bag that was on the front porch. Detectives also recovered the bedding from Patricia's room, along with the clothing that Martha stated she was wearing when she strangled Patricia</p> <p>Based on the above facts and circumstances, I believe that probable cause exists to charge Martha Jo Blake with First Degree Murder, in violation of FSS 782.04 (1A1).</p>											
<p>PROBABLE CAUSE STATEMENT</p> <p>NOT A CERTIFIED COPIE</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH			<input type="checkbox"/> Check if Narrative continues onto next page							
	(Signature of Arresting/Investigative Officer) 			The foregoing instrument was sworn to or affirmed and subscribed before me this 26 <input type="checkbox"/> day of December 20 25 by Det J Gelfand ID 7374							
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO											
Notary Public, Clerk of Court, Officer (F.S.S.), 117.10 											
PAGE 3 OF 3											

DISTRIBUTION WHITE - Court Copy GREEN - State Attorney YELLOW - Agency PINK - Agency



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input checked="" type="checkbox"/>	119.071(2)(e)	Confession	3-5
Public Info. Exemptions	<input checked="" type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 110 of the CRTM for additional information)	1-6
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input checked="" type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	6
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2025034787	Date: 12/27/2025
	Specialist Name/ID#: Joseph Kovach/44820