

0564272

25CF10268

3844

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

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

- 1. Arrest
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias

Juvenile

OBTS Number \_\_\_\_\_ Agency ORI Number \_\_\_\_\_ Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **0161-25129247**

FLO: **50000000**

Charge Type:  1. Felony  3. Misdemeanor  5. Ordinance  If Weapon Seized \_\_\_\_\_ Multiple Clearance Indicator \_\_\_\_\_  
 2. Traffic Felony  4. Traffic Misdemeanor  6. Other \_\_\_\_\_ Enter Type \_\_\_\_\_

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** Alias (Name, DOB, Soc. Sec. #, Etc.) \_\_\_\_\_

Race **W - White** Sex **F** Date of Birth **11/14/1959** Height **5'10** Weight **160** Eye Color **Brown** Hair Color **Blond** Complexion **Medium** Build **Medium**

Scars, Marks, Tattoo, Unique Physical Features (Location, Type, Description) \_\_\_\_\_ Marital Status **Single** Religion **None** Indication of Alcohol Influence Drug Influence  1. Alcohol  2. At Large  3. Florida  4. Out of State  5. Juvenile

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-Defendant (Last, First, Middle) \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Co-Defendant (Last, First, Middle) \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Parent  Legal Custodian  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  defendant and / or  defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-8511) informed of any change of address.

Yes, by: (Name) \_\_\_\_\_  No (Reason) \_\_\_\_\_ School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Property Crime?  Yes  No Description of Property \_\_\_\_\_ Value of Property \_\_\_\_\_

Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
N. N/A	B. Buy	D. Deliver	E. Use			N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
R. Possess	T. Traffic					A. Amphetamine	E. Heroin	O. Opium/Derv.		

Charge Description **First Degree Murder** Counts **1** Domestic Violence  Y  N Statute Violation Number **782.04(1A1)** Violation of ORD # \_\_\_\_\_

Drug Activity **n** Drug Type **n** Amount / Unit \_\_\_\_\_ Offense # **25129247** Warrant / Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation of ORD # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount / Unit \_\_\_\_\_ Offense # \_\_\_\_\_ Warrant / Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation of ORD # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount / Unit \_\_\_\_\_ Offense # \_\_\_\_\_ Warrant / Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation of ORD # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount / Unit \_\_\_\_\_ Offense # \_\_\_\_\_ Warrant / Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

FILED PDC - GUN CLUB  
25 DEC 27 AM 5:30

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 \_\_\_\_\_

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 \_\_\_\_\_

HOLD for other agency  Signature of Arresting Officer \_\_\_\_\_ 7374 Name Verification (Printed by Arrestee) \_\_\_\_\_

Dangerous  Resisted Arrest  Suicidal  Other \_\_\_\_\_ Name of Arresting Officer (Print) **Det. J Gelfand** I.D. # **7374** (PRINT) **DEC 27 AM 12:41**

Intake Deputy **DS Williams** Pouch # \_\_\_\_\_ Transporting Officer **41937** Agency **31828** PAGE **1** OF \_\_\_\_\_

Witness here if subject signed with an "X" \_\_\_\_\_

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PROBABLE CAUSE AFFIDAVIT

1 Arrest  
2 NTA  
3 Request for Warrant  
4 Request for Capias

Juvenile

OSTS Number \_\_\_\_\_

Agency ORI Number: FLO 5 0 0 0 0 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 25129247

Charge Type:  1 Felony  2 Traffic Felony  3 Misdemeanor  4 Traffic Misdemeanor  5 Ordinance  6 Other

Name (Last, First, Middle): Blake, Martha Jo Race: W Sex: F Date of Birth: 11/14/1959

Charge Description: First Degree Murder

Victim's Name (Last, First, Middle): Blake Patricia Race: W Sex: f Date of Birth: [REDACTED]

Local Address (Street, Apt Number): [REDACTED] (City): [REDACTED] (State): [REDACTED] (Zip): [REDACTED] Phone: [REDACTED] Address Source: DAVID

Business Address (Name, Street): [REDACTED] (City): [REDACTED] (State): [REDACTED] (Zip): [REDACTED] Phone: [REDACTED] Occupation: [REDACTED]

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: [REDACTED] committed the below acts in my presence. [REDACTED] was observed by [REDACTED] who told that he/she saw the arrested person commit the below acts. [REDACTED] was found to have committed the below acts, resulting from my (described) investigation. On the 26th day of December 2025 at 0758 A.M. P.M. (Specifically include facts constituting cause for arrest.)

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

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.

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.

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. Petchiae 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.

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.

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) [Signature] Check if Narrative continues onto next page  The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of December 2025 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) [Signature] 3912

<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	Juvenile <input type="checkbox"/>
OCTS Number	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>25129247</b>	
Agency ORI Number <b>FL05000000</b>				
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	Special Notes	
Name (Last, First, Middle) <b>Blake, Martha Jo</b>		Alias	Race <b>W</b>	Sex <b>F</b>
			Date of Birth <b>11/14/1959</b>	
Charge Description <b>First Degree Murder</b>		Charge Description		
Charge Description		Charge Description		
Victim's Name (Last, First, Middle) <b>Blake Patricia</b>		Race <b>W</b>	Sex <b>f</b>	Date of Birth
Local Address (Street, Apt Number) (City) (State) (Zip)		Phone	Address Source <b>DAVID</b>	
Business Address (Name, Street) (City) (State) (Zip)		Phone	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.      <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 <b>26th</b> day of <b>December</b>, 20<b>25</b> at <b>0758</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><input type="checkbox"/> <b>Marsy's Law CVI</b> FL. Const. Art.1 § 16(b)</p> <p>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.</p> <p>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 _____ to further search for evidence of the crime of murder. The search warrant was granted and served at approximately 1900 hours.</p> <p>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 Sheriff's 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.</p> <p style="text-align: right;">Martha would re-iterate these statements to me as well</p> <p>in a post-Miranda statement.</p>				
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 <b>26</b> day of <b>December</b> , 20 <b>25</b> by <b>Det J Gelfand</b> ID <b>7374</b>				
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>LEO</b>				
Notary Public, Clerk of Court, Officer (F.S. 117.10)				

PROBABLE CAUSE AFFIDAVIT

1 Arrest  
2 NTA  
3 Request for Warrant  
4 Request for Captive

Juvenile

ADMIN	OSTS Number		Agency ORI Number FLO. 5.0.0.0.0.0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 25129247		
	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		Special Notes		
DEF	Name (Last, First, Middle) Blake, Martha Jo						Race W	Sex F	Date of Birth 11/14/1959
	Charge Description First Degree Murder			Charge Description					
CHARGES	Charge Description			Charge Description					
	Charge Description			Charge Description					
VICTIM	Victim's Name (Last, First, Middle) Blake Patricia						Race W	Sex f	Date of Birth
	Local Address (Street, Apt Number)						(City)	(State)	(Zip)
	Business Address (Name, Street)						(City)	(State)	(Zip)
PROBABLE CAUSE STATEMENT	<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. <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"/> confessed to <u>Det Gelfand</u> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>26th</u> day of <u>December</u> 20<u>25</u> at <u>0758</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><input type="checkbox"/> Marry'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>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>(Signature of Arresting/Investigative Officer) _____</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>26</u> day of <u>December</u> 20<u>25</u> by <u>Det J Gelfand</u> ID <u>7374</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>LEO</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <u>13912</u></p>								
ADMINISTRATIVE	<p>Check if Narrative continues onto next page <input type="checkbox"/></p> <p>DISTRIBUTION WHITE - Court Copy GREEN - State Attorney YELLOW - Agency PINK - Agency</p> <p>PAGE 3 OF 3</p>								

NOT A CERTIFIED COPY



**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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

**REVIEW COMPLETED BY**

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