SH 0338017

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL0 5 0 0 0 0 0 — Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE — Agency Report Number: 0 6 - - -

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other ____ — If Weapon Seized, Enter Type — Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 3228 Gun Club RD WPB, FL — Location of Offense (Business Name, Address)

Date of arrest: 09/12/2019 — Time of Arrest: 01:30 — Booking Date — Booking Time — Jail Date — Jail Time — Location of Vehicle

DEFENDANT

Name (Last, First, Middle): [illegible] — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race: W - White, B - Black, I - American Indian, O - Oriental/Asian: W — Sex: M — Date of Birth: 10/20/1963 — Height: 6.00 — Weight: 180 — Eye Color: Blue — Hair Color: Grey — Complexion: Med — Build: MED

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None Seen — Marital Status: S — Religion: None — Indication of: Alcohol Influence, Drug Influence — Y N Unk

Local Address (Street, Apt. Number): 356 [illegible] Ln — (City): West Palm Beach — (State): FL — (Zip): 33450 — [redacted] — Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): [illegible] — (City) — (State) — (Zip): 11570 — Phone: ( ) — Address Source: Verbal Dl

Business Address (Name, Street) — (City) — (State) — (Zip) — Phone: ( ) — Occupation: Laborer

D/L Number, State: [redacted] — INS Number — Place of Birth (City, State): New York, NY — Citizenship: USA

CO-DEF.

Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — DEF: 1. Arrested 2. At Large — CHGD: 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) — Race — Sex — Date of Birth — DEF: 1. Arrested 2. At Large — CHGD: 3. Felony 4. Misdemeanor 5. Juvenile

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 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason) — School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

Drug 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, O. Opium/Deriv., M. Marijuana, S. Synthetic, P. Paraphernalia/Equipment, U. Unknown, Z. Other

CHARGE

Charge Description: felony solicitation of prostitution — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number: 796.07(2)(f)&(4)(c)(3f) — Violation of ORD #

Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number: 0600644 CFAWDW5 — Bond: 3,000

CHARGE

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

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

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #

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

NOTICE TO APPEAR

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

ADMIN.

HOLD for other Agency Name: — Signature of Arresting Officer: X — Name Verification (Printed by Arrestee): (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: — Name of Arresting Officer (Print) — I.D. # — PAGE

Intake Deputy — I.D. # — Pouch # — Transporting Officer — I.D. # — Agency — Witness here A.M. / P.M. — ____ OF ____

09/12/2019

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97