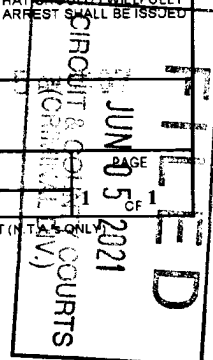


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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 21-072760							
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 Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2							
Location of Arrest (Including Name of Business) 8205 Lake Worth Road, Lake Worth, Florida 33467				Location of Offense (Business Name, Address) 8205 Lake Worth Road, Lake Worth, Florida 33467							
Date of Arrest 06/05/2021		Time of Arrest 0003		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Hoss, Andrea, Judit											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White - American Indian B - Black - Oriental/Asian		Sex F		Date of Birth 08/27/1974		Height 5'9"		Weight 120		Eye Color Blue	
Hair Color Brown		Complexion Medium		Build Small							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single		Religion NONE		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) 8205 Lake Worth Road, Lake Worth, Florida 33467				Phone (416) 844-8820		Residence Type 1. City 2. County 3. Florida 4. Out of State		4			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source					
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation					
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship Hungary			
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				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 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 (Phone 355-2526) informed of any change of address.				School Attended				Grade			
<input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				Value of Property							
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property							
Drug Activity S. Sell N. N/A P. Possess		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/Derv P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other	
Charge Description TRESPASS - STRUCTURE OR CONVEYANCE AFTER WARNING		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation 810.08(1)		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense # 21-072760		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) 3228 Gun Club Road, West Palm Beach, Florida 33406											
Court Date and Time Month July Day 6th Year 2021 Time 0830 AM <input checked="" type="checkbox"/> PM <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 06/05/2021											
HOLD for other Agency Name		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) [Signature]							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S C. Householder		I.D. # 27829		(PRINT)					
Pouch #		Transporting Officer D/S C. Householder		I.D. # 27829		Agency PBSO		Witness here if subject signed with an "X"			

JUN 05 2021



OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-072760				
	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 Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
DEF	Name (Last, First, Middle) Hoss, Andrea, Judit				Alias		Race W	Sex F	Date of Birth 08/27/1974
	Charge Description TRESPASS - STRUCTURE OR CONVEYANCE AFTER WARNING 810.08(1)				Charge Description				
CHARGES	Charge Description				Charge Description				
	Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle) Hampton Inn, ,						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (zip)						Phone () ()		Address Source
	Business Address (Name, Street) (City) (State) (zip)						Phone () ()		Occupation
	8205 Lake Worth Road, Lake Worth, Florida 33467						(561) 472-5980		
ADMINISTRATIVE	<p>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. The Person taken into custody</p> <p><input checked="" 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 type="checkbox"/> confessed to _____ <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>admitting to the below facts.</p> <p>On the 4th day of June 2021 at 2320 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I responded to the Hampton Inn Hotel located at 8205 Lake Worth Road, Lake Worth, Florida 33467, in reference to multiple males and females in a verbal argument i the lobby of the hotel.</p> <p>Lawren Young, the employee working the front desk advised she would like Andrea Hoss trespassed and removed from the hotel. Hoss was advised she needed to pack her things and leave the hotel. Hoss stated she would not be leaving.</p> <p>Due to my observations while on scene, i find probable cause that Andrea Hoss did unlawfully and willfully, refuse to depart from the hotel, the property of Hampton Inn, after being warned to depart by Lawren Young the person authorized by the owner, contrary to Florida Statute 810.08(1).</p>								
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;">D/S C. Householder</p> <p>(Signature of Arresting/Investigative Officer)</p>								
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>5th</u> day of <u>June</u> 20 <u>21</u> by <u>D/S C. Householder</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Personally Known</u></p>								
	<p><u>D/S D. Coleman #28331</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>								