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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-037559	
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 1. Yes 2. No		Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) 7225 Boca Del Mar Drive, Boca Raton, FL, 33433				Location of Offense (Business Name, Address)			
Date of Arrest 02/13/2020	Time of Arrest 1130	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Zianguas, Bill, Blagio				Aliases (Name, DOB, Soc. Sec #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 11/13/1959	Height 6'00	Weight 175	Eye Color brown	Hair Color gray	Complexion med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) 108 Ne 20th Ave Apt 106, Boynton Beach, FL 33435				Phone (347) 257-3712		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source Drivers License	
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation Unknown	
D/L Number, State Z522062594130, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) refused NY / NJ	
Citizenship U.S.		U.S. Birth Date		U.S. Birth State		U.S. Birth City	
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		
Parent Legal Custodian Other		Name (Last) (First) (Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number) (City) (State) (Zip)							
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. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
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 M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description Trespassing		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 810.09(2)(h)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-037559	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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996							
Court Date and Time Month MARCH Day 19TH Year 2020 Time 8:30 AM <input checked="" type="checkbox"/> PM							
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 02/13/2020			
HOLD for other Agency		Signature of Arresting Officer JAMES K. DURR		Name Verification (Printed by Arrestee) JAMES K. DURR			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intoxicated		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) JAMES K. DURR		I.D. # 3561	
I.D. #		Pouch #		Name of Arresting Officer (Print) JAMES K. DURR		I.D. # 3561	
Agency PBSO		Agency PBSO		Witness here if subject signed with an -X-			
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DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

SCANNED FEB 14 2020 FEB 13 PM 1:25

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
OBTS Number					
Agency ORI Number	Agency Name	Agency Report Number			
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 20-037559			
Charge Type: Check as many as apply.	1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:	
Name (Last, First, Middle)	Alias			Race	Sex
Ziangas, Bill, Biagio				W	M
				Date of Birth	11/13/1959
Charge Description	Charge Description				
Trespassing	810.09(2)(b)				
Charge Description	Charge Description				
Victim's Name (Last, First, Middle)	Race			Sex	Date of Birth
HEARTLAND OF BOCA RATON, ,					
Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
				()	N/A
Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation
7225 BOCA DEL MAR DRIVE, BOCA RATON, FL, 33433				(561) 362-9644	N/A
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					
<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.			
<input type="checkbox"/> confessed to _____ admitting to the below facts.		<input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.			
On the 13TH day of FEBRUARY 20 20 at 11:30 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)					
<p>ON FEBRUARY 13TH, 2020 AT APPROXIMATELY 1115 HOURS, I RESPONDED TO 7225 BOCA DEL MAR DRIVE, UNINCORPORATED BOCA RATON, IN REGARDS TO A DISTURBANCE. UPON MY ARRIVAL, I MADE CONTACT WITH BILL ZIANGAS WHO STATED HE WANTED HIS MOTHER, DELORES ZIANGAS REMOVED FROM HEARTLAND OF BOCA RATON WHICH IS AN ASSISTED LIVING FACILITY. BILL STATED HE WAS A CPA BUT DID NOT HAVE GUARDIANSHIP RIGHTS OR POWER OF ATTORNEY IN REGARDS TO DELORES.</p> <p>I SPOKE WITH DELORES ZIANGASWHO INDICATED SHE WANTED TO REMAIN AT THE FACILITY TO OBTAIN MEDICAL CARE. DELORES APPEARED TO HAVE HER FULL MENTAL CAPACITY AND WISHED HER SON TO DEPART THE FACILITY AS HE HAS NOT BEEN TAKING HIS MEDICINE.</p> <p>I INFORMED BILL THAT HIS MOTHER DID NOT WANT TO LEAVE, HE DID NOT HAVE THE LEGAL AUTHORITY TO HAVE DELORES REMOVED. I FURTHER INFORMED BILL THAT HE NEEDED TO LEAVE THE FACILITY AND DISCONTINUE TO CREATE A DISTURBANCE. BILL REFUSED MY REQUEST. THE ASSISTANT DIRECTOR OF OF THE FACILITY, KERRY ANDERSON THEN ISSUED A TRESPASS WARNING IN MY PRESENCE WHICH BILL STATED HE UNDERSTOOD THE DIRECTIONS AND REFUSED TO LEAVE. I THEN INFORMED BILL THAT HE NEEDED TO LEAVE OR HE WOULD BE SUBJECT TO ARREST FOR TRESPASS AFTER WARNING. BILL INFORMED ME THAT HE WOULD NOT LEAVE AND I WOULD NEED TO ARREST HIM OR ASSIST HIM IN REMOVING HIS MOTHER. BILL WAS THEN PLACED UNDER ARREST FOR TRESPASS AFTER WARNING.</p>					
 STATE OF FLORIDA COUNTY OF PALM BEACH JAMES K. DURR <i>34</i> <small>(Signature of Arresting/Investigative Officer)</small>					
The foregoing instrument was sworn to or affirmed and subscribed before me this 13TH day of FEBRUARY 20 20 by D/S C. Jacobs 9190					
PERSONALLY KNOWN					
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced					
D/S C. Jacobs 9190					
Notary Public, Clerk of Court, Office (F.S.S. 117.10)					
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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: 2020004989	Date: 2/13/2020
	Specialist Name/ID: J. Beck/9007

SCANNED
FEB 14 2020