

0520163 50-2020-CF-010001 AMB 90

FCIC CHECK: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OBTS #		ARREST / NOTICE TO APPEAR JUVENILE REFERRAL 15TH JUDICIAL CIRCUIT		1. Arrest 2. Notice to Appear 3. Arrest Affidavit		4. Compl. Affidavit 5. Request Capias 6. Juvenile Ref.		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> Juvenile	
Agency ORI Number FL0503700		Agency Name FLORIDA ATLANTIC UNIVERSITY POLICE		Agency Case # 20-0420					
Check Type. Check as many as apply: <input type="checkbox"/> 1. Misdemeanor <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Traffic Felony <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other/Capias		Weapon Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type		Agency Arrest # or Court Case #			
Location of Arrest (Include Name of Business) FLORIDA ATLANTIC UNIVERSITY/ PARLIAM		City BOCA RATON		Business Name, Address FLORIDA ATLANTIC UNIVERSITY/ PARLIAMEN		City BOCA RATON			
Date of Arrest 12/12/2020		Time of Arrest 12:23 AM		Date of Booking		Time of Booking		Jail Date	
Booking #		SPN #		Other ID #		FCIC/NCIC #		DOC #	
Name (Last, First, Middle, Suffix) SULLIVAN		EMMA		KATHERINE		Alias/Maiden NONE			
Race: W-White I-American Indian B-Black A-Oriental/Asian O-Other <input checked="" type="checkbox"/> W		Sex <input checked="" type="checkbox"/> F		Date Of Birth 7/24/2002		Height 5'00"		Weight 120 LBS	
Eye Color BLU		Hair Color BLN		Complexion FAIR		Build MEDIUM			
SCARS/MARKS/TATOOS (Location/Describe) NONE		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk							
Local Address 106 CAMBRIDGE LN		City ROYAL PALM BEACH		State FL		Zip Code 33411		Phone # (561) 602-8785	
Permanent Address 106 CAMBRIDGE LN		City ROYAL PALM BEACH		State FL		Zip Code 33411		Phone # (561) 602-8785	
Street Address		City		State		Zip Code		Address Source FL DL	
DL # S415211027640		DL State FL		Sec. Sec. #		INS #		Place Of Birth FL	
Country of Citizenship US		Occupation STUDENT							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date Of Birth		<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile <input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date Of Birth		<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile <input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor	
Activity: S. Sell N. N/A P. Possess R. Smuggle B. Buy D. Deliver T. Traffic K. Dispense/Distribute M. Manufacture/Produce/Cultivate E. Use Z. Other		Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other							
Charge Description FRAUD - POSSESS SIMILITUDE ID CARD		Counts 2		<input checked="" type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance		State Statute 322.212(1c)		Ordinance #	
Drug Activity		Drug Type		Drug Amount		State Attorney Number		Court Number	
<input checked="" type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation		Offense/issued Date		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction <input type="checkbox"/> Order of Arrest		Bond Amount 10000			
Charge Description BATTERY - ON OFFICER FIREFIGHTER EMT ETC		Counts 1		<input checked="" type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance		State Statute 784.07(2b)		Ordinance #	
Drug Activity		Drug Type		Drug Amount		State Attorney Number		Court Number	
<input checked="" type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation		Offense/issued Date		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction <input type="checkbox"/> Order of Arrest		Bond Amount 1000			
Charge Description		Counts		<input type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance		State Statute		Ordinance #	
Drug Activity		Drug Type		Drug Amount		State Attorney Number		Court Number	
<input type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation		Offense/issued Date		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction <input type="checkbox"/> Order of Arrest		Bond Amount 2000			
<input type="checkbox"/> Mandatory Appearance in Court. <input type="checkbox"/> You need not appear in Court, but must comply with attached instructions.		Location		Date:		Time:			
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 UNLAWFULLY 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.									
Defendant/Juvenile Signature			Parent/Guardian Signature			Released To:		Date:	
Date:			Time:			Date:		Time:	
<input type="checkbox"/> Miranda Warning Hold For (Agency):		Verified By:		Bond Date		Bond Charge #		Bond Charge #	
<input type="checkbox"/> Adults Only <input type="checkbox"/> Hold for First Appearance <input type="checkbox"/> Do Not Bond Out Reason:		I swear/affirm the above and attached statements are true and correct.		Sworn and subscribed before me, the undersigned authority this 12 day of December , 20 20		Type: 1. ROR 2. Cash 3. Surety 4. Bail/Bond 5. Cert. 6. Other		Bond Type	
Officer's / Complainant's Signature CALEB LOG SMITH 0490		Signature of Person Administering Oath Gael Bassett cp1		Return to Court		Date:		Time:	
Name(Printed) ID NO.		Name(Printed) Title		Released		Date:		Time:	
Released by:		Date:		Time:		Released by:		Page 1 of 3	

DEC 12 AM 3:21

Dunaway 6/26/20

PROBABLE CAUSE CONTINUATION

Agency ORI Number FL0503700		Agency Name FLORIDA ATLANTIC UNIVERSIT		Agency Case # 20-0420		OBTS #													
Name (Last, First, Middle, Suffix) SULLIVAN				Date Of Birth 7/24/2002															
First Name EMMA		Middle		Last Name KATHERINE		Suffix	Phone #1												
Street Address		City		State	Zip Code	Phone #2													
First Name		Middle		Last Name		Suffix	Phone #1												
Street Address		City		State	Zip Code	Phone #2													
DEFENDANT	Marital Status	# of Dependents	Length in County	Property Owner	Address of Property														
	Place of Employment (Name and address)			Length of Employment	Previous Employment (if current less than 2 years)														
WITNESS	The Defendant named on the Arrest/Notice to Appear document came before me for an Advisory and Solvency hearing on the _____ day of _____, 20____ at _____ am/pm, and was advised by me on the charge against him/her, his/her right to remain silent, that any statements by him/her may be used against him/her, his/her right to counsel, and, if he/she is financially unable to afford counsel, that counsel forthwith will be appointed; of his/her right to communicate with his/her counsel, family or friends, and that reasonable implementation will be afforded him/her to contact the foregoing.																		
	ADVISORY AND SOLVENCY HEARING	<p style="text-align: center;">I FURTHER CERTIFY THAT:</p> <input type="checkbox"/> Defendant has advised the court that he/she has retained counsel, or will retain counsel. <input type="checkbox"/> The court investigated the Defendant's solvency and found the Defendant solvent and financially able to secure counsel. <input type="checkbox"/> The court investigated the Defendant's solvency and appointed the Public Defender to represent Defendant. <input type="checkbox"/> The Defendant waived right to counsel at the first appearance only. <input type="checkbox"/> The Court reviewed the Advisory and finds (there is / there is not) probable cause to hold the bind over the Defendant for trial. <input type="checkbox"/> The probable cause determination is hereby passed 72 hours. <input type="checkbox"/> Order of No Imprisonment (ONI)																	
WAIVER		<p>BOND ACTION TAKEN, if any _____ JUDGE: _____</p> <input type="checkbox"/> I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel. <input type="checkbox"/> I hereby waive right to counsel at the first appearance only. Defendant's Signature _____ <input type="checkbox"/> I hereby acknowledge receipt of a copy of the foregoing complaint and advisory Defendant's Signature _____ Defendant's Attorney Signature _____																	
	FIRST APPEARANCE	<p>I have been advised of my rights to a Preliminary Hearing in Case Number(s) _____ in which I am the defendant, and I desire to waive and do hereby waive my right to such Preliminary Hearing concerning all of the charges against me in said case(s). Defendant's Signature _____</p> <p style="text-align: center;">ARRAIGNMENT, JUDGMENT, SENTENCE, AND ORDER</p> <p>Said Defendant was arraigned for trial on _____ and entered a plea of _____ to the charge(s) as set forth herein. After hearing the evidence and duly considering the same, the Court finds you, the defendant _____ of said charge(s); AND IT IS ORDERED AND ADJUDGED that you, the Defendant, are _____ as charged of said offense(s) and set forth herein. IT IS, THEREFORE, the judgement, Order, and Sentence of the Court that you, the Defendant, be imprisoned in the county jail of _____ County, FL, for the term of _____ days, and pay a fine of \$ _____ and \$ _____ the cost herein; and in default of such payment that you, the Defendant, stand committed to the County Jail of _____ County, FL, for a term of _____ days. DONE, ORDERED, AND ADJUDGED in open Court at _____ County, FL, on _____</p> <p>JUDGE _____ COUNTY COURT in and for _____ County, Florida.</p>																	
FIRST APPEARANCE		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Charge</th> <th style="width: 40%;">Action</th> <th style="width: 20%;">Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Bond Amount \$ _____ Cash/Surety: Receipt # _____ ESTREATED BY (Judge): _____ Date: _____</p>							Charge	Action	Date								
	Charge	Action	Date																

 Officer's / Complainant's Signature

CALEB LOGAN SMITH
 Name (Printed)

0490
 ID NO.



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"/>	119.071 (2)(j)1	Other: Address, telephone numbers and personal assets of domestic violence and other specified crime victims	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020029014	Date: 12/12/2020
	Specialist Name/ID: LaToya Rouse #6673