

0516306

20CF3878 MB 2416

OBT# Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06- 20065943															
Charge Type: Check as many as apply:		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01											
Location of Arrest (Including Name of Business) 3947 47TH LN S, LAKE WORTH/FL/33461						Location of Offense (Business Name, Address) 3947 47TH LN S, LAKE WORTH/FL/33461															
Date of Arrest 05/06/2020		Time of Arrest 0602		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) Gallina, Eva, Dorothis												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 12/15/1960		Height 5'01		Weight 145		Eye Color BLUE		Hair Color BLONDE		Complexion LIGHT		Build THIN					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE												Marital Status SINGLE		Religion NONE		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Local Address (Street, Apt. Number) 3947 47th Ln S, Lake Worth, FL 33461						(City)		(State)		(Zip)		Phone (508) 450-3831		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2							
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source FL DL							
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation							
DL Number, State G458204609550, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship US							
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		Address (Street, Apt. Number)						(City)		(State)		(Zip)		Residence Phone		Business Phone					
Notified by: (Name)						Date		Time		JUVENILE DEPARTMENT 1. Handled/Processed 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 355-2828) informed of any change of address.												School Attended		Grade							
<input type="checkbox"/> Yes, by: (Name)		<input type="checkbox"/> No. (Reason)		Description of Property						Value of Property											
<input type="checkbox"/> Yes <input type="checkbox"/> No																					
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. Other/Drug		P. Peripherals/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description AGGRAVATED ASSAULT (deadly weapon)						Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.021(1)(a)				Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense # 20065943		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)												Date		Time							
Court Date and Time												Month		Day		Year		Time		AM	
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.												05/06/2020		6:00		PM		7			
Signature of Defendant (or Juvenile and Parent / Custodian)												Date Signed									
HOLD for other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)				PAGE									
Name				Name of Arresting Officer (Print)				ID #				(PRINT)									
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suspect				<input type="checkbox"/> Restricted Arrest <input checked="" type="checkbox"/> Other				D/S E. COWART				30556									
Inmate #				Transporting Officer				ID #				Agency									
				D/S S. ROSENFELD				28288				PBSO									
Witness here if subject signed with an X												PAGE									

VICTIM NOTIFICATION RECEIVED



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"/>	(vii) 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: 2020012025	Date: 05/06/20
	Specialist Name/ID: J. Beck/9007

SCANNED
MAY 07 2020