

0520385

20CF10333

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OBTS Number		<b>ARREST/NOTICE TO APPEAR</b> Juvenile Referral Report			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number : <b>06- 20-139561</b>				
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 2. 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> N/A	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) <b>9900 Sandalfoot Blvd Boca Raton, FL 33428</b>				Location of Offense (Business Name, Address) <b>9900 Sandalfoot Blvd Boca Raton, FL, 33428</b>					
Date of Arrest <b>12/23/20</b>	Time of Arrest <b>0311</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) <b>Ribak, Hall</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>07/21/1995</b>	Height <b>5'05</b>	Weight <b>110</b>	Eye Color <b>Green</b>	Hair Color <b>Blonde</b>	Complexion <b>Light</b>	Build <b>Small</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>None</b>	Religion <b>None</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>796 TIVOLI CIR APT 206 DEERFIELD BEACH, FL, 33441</b>			City (State) (Zip)	Phone <b>240-434-6467</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>			
Permanent Address (Street, Apt. Number)			City (State) (Zip)	Phone		Address Source <b>Hall Ribak</b>			
Business Address (Name, Street)			City (State) (Zip)	Phone		Occupation <b>Server</b>			
DL Number, State <b>R120321957610, FL</b>	Sex	INS Number	Place of Birth (City, State) <b>Linertown, Maryland</b>		Citizenship <b>U.S.</b>				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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"/>		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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 <input type="checkbox"/> Other <input type="checkbox"/>		Address (Street, Apt. Number)			City (State) (Zip)	Residence 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 355-2528) 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. Poss P. Poss		B. Sell 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		U. Unknown Z. Other			
S. Synthetic									
Charge Description <b>Poss. of Cocaine</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>893.13(6a)</b>		Violation of ORD #			
Drug Activity <b>P</b>	Drug Type <b>C</b>	Amount / Unit <b>1 gram</b>	Offense # <b>20-139561</b>		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 # <b>20-139561</b>		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 # <b>20-139561</b>		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 # <b>20-139561</b>		Warrant / Capias Number		Bond		
Location (Court, Room Number, Address)									
Court Date and Time Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> Time <input type="checkbox"/> AM <input 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. <b>12/23/20</b>									
Signature of Defendant (or Juvenile and Parent / Custodian)						Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer <b>D/S J. Colon</b>			Name Verification (Printed by Arrestee) <b>SCANNED DEC 23 5:20</b>				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Re-arrested Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Arresting Officer (Print) <b>D/S J. Colon</b>			I.D. # <b>33101</b>		PAGE <b>1 OF 1</b>		
Intake Deputy <b>681</b>		I.D. #		Pouch #		Transporting Officer <b>D/S J. Colon</b>		I.D. # <b>33101</b>	
				Agency <b>PBSO</b>		Witness here if subject with <b>DEC 23 2020</b>		1 OF 1	





**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: 2020030031	Date: 12/23/2020
	Specialist Name/ID: T Howard/7185

SCANNED  
 DEC 23 2020