

21MM1276 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number _____
Agency ORI Number **FLO 500000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number (N.T.A.'s only) **06- 21-036684**

Charge Type: Check as many as apply. 1. Felony 3. Misdemeanor 5. Ordinance 2. Traffic Felony 4. Traffic Misdemeanor 6. Other Weapon Seized / Type 1. Yes 2. No Multiple Clearance Indicator 1

Location of Arrest (Including Name of Business) _____ Location of Offense (Business Name, Address) _____
Date of Arrest **02/17/2021** Time of Arrest **11:45 p.m.** Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle _____

Name (Last, First, Middle) **AYALA, SHEPHELAH,** Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race **W - White I - American Indian** Sex **F** Date of Birth **04/24/1988** Height **5'02** Weight **160** Eye Color **Brown** Hair Color **Brown** Complexion **Med** Build **Med**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **NONE** Marital Status **Single** Religion **NONE** Indication of Alcohol Influence Y N Unk. Drug Influence Y N Unk.

Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Residence Type: 1. City 3. Florida 2. County 4. Out of State 2

Permanent Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Address Source **VERBAL/DIRECT**

Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Occupation **Secretary**

DL Number, State **A400780886440, FL** See Sec. Number _____ IIS Number _____ Place of Birth (City, State) **Los Angeles, CA** Citizenship **US**

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Parent Name (Last) _____ (First) _____ (Middle) _____ Residence Phone _____
 Legal Custodian _____
 Other _____
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 defendant and / or 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. Yes, by: (Name) _____ No: (Reason) _____ School Attended _____ Grade _____

Property Crime? Yes No Description of Property _____ Value 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 **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 **BATTERY (DOMESTIC)** Counts **1** Domestic Violence Y N Statute Violation Number **784.03(1)(a)(1)** Violation of ORD # _____

Drug Activity **N** Drug Type **N** Amount / Unit _____ Offense # **21-036684** Warrant / Capias Number _____ Bond _____

Charge Description _____ Counts _____ Domestic Violence Y N Statute Violation Number _____ Violation of ORD # _____

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Charge Description _____ Counts _____ Domestic Violence Y 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 _____ Day _____ Year _____ Time _____ AM _____ 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 **02/17/2021**

HOLD for other Agency Name: _____ Signature of Arresting Officer **L. ALSTON** (Printed by Arresting Officer) _____

Dangerous Resisted Arrest Suicidal Other _____ Name of Arresting Officer (Print) **Louris G. Alston** I.D. # **35650** FEB 18 2021

Intake Deputy **CHANG 164** I.D. # _____ Pouch # _____ Transporting Officer **L. ALSTON 35650** Agency **PBSO** Witness here if subject signed with me Y N

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 21-036684 Agency: _____
Offense: BATTERY (DOMESTIC)
Suspect/Offender: AYALA, SHEPHELAH,
D.O.B. 04/24/1988 Race: H-W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: AYALA, ROSITA, D.O.B. 08/31/1961 Race: H Sex: F
Address: _____
City: _____
Home #: _____ Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

Waiver: I choose not to be notified when the arrestee is released from custody.

Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: AYALA, ROSITA,

Deputy's Name: Loumis G. Alston #35650 I.D.# 35650 Date: 02/17/2021
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: AYALA, SHEPHELAH, COURT CASE/WARRANT# _____
(FOR WARRANTS USE ONLY)

SCANNED
FEB 18 2021



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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	<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: 2021004061	Date: 2/18/21
	Specialist Name/ID: A. Pinkney/7796