

3# 0490989

17mm 107
ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

2166

Juvenile

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report										1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias									
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE										Agency Report Number 06 17120944									
Charge Type: Check as many as apply		1. Felony 3. Misdemeanor 5. Ordinance 2. Traffic Felony 4. Traffic Misdemeanor 6. Other						If Weapon Seized Enter Type				Multiple Clearance Indicator									
Location of Arrest (Including Name of Business) 9599 PHIPPS LN WELLINGTON FL 33414												Location of Offense (Including Name of Business) 9599 PHIPPS LN WELLINGTON FL 33414									
Date of Arrest Aug 30, 2017		Time of Arrest 01:15		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) FERREIRA, CARLOS, GEORGE												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W-White I-American Indian B-Black O-Oriental/Asian		Sex W M		Date of Birth 12/28/68		Height 6"		Weight 210		Eye Color BROWN		Hair Color BROWN									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status SINGLE		Religion		Complexion MED		Build MED			
Indication of Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												Indication of Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Y N Unk							
Local Address (Street, Apt. Number) 9599 PHIPPS LN												City WELLINGTON FL 33414		State Zip		Phone 908-305-7143		Residence Type: 1. City 2. County		3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) SAME AS LOCAL												City		State Zip		Phone		Address Source		FL/DL	
Business Address (Street, Apt. Number)												City		State Zip		Phone		Occupation		CORPORATE PILOT	
DL Number, State				Social Security Number				INS Number				Place of Birth PORT, PORTUGAL				Citizenship YES					
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 Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)										Phone									
Address (Street, Apt. No.) <i>No Hand</i>												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 was 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's Office (Phone 561 355-2526) informed of any address change <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. Possess P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce Cultivate		Z. Other N. NA A. Amphetamine		Drug Type B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description DOMESTIC BATTERY						Counts 1		Domestic Violence <input checked="" type="checkbox"/> <input type="checkbox"/>		Statute Violation Number 784.03(1)(A)				Violation or ORD. #							
Drug Activity		Drug Type		Amount/Unit		Offense #		17120944		Warrant/Capias Number				Bond							
Charge Description						Counts		Domestic Violence <input type="checkbox"/> <input checked="" type="checkbox"/>		Statute Violation Number				Violation or ORD. #							
Drug Activity		Drug Type		Amount/Unit		Offense #				Warrant/Capias Number				Bond							
Charge Description						Counts		Domestic Violence <input type="checkbox"/> <input checked="" type="checkbox"/>		Statute Violation Number				Violation or ORD. #							
Drug Activity		Drug Type		Amount/Unit		Offense #				Warrant/Capias Number				Bond							
Charge Description						Counts		Domestic Violence <input type="checkbox"/> <input checked="" type="checkbox"/>		Statute Violation Number				Violation or ORD. #							
Drug Activity		Drug Type		Amount/Unit		Offense #				Warrant/Capias Number				Bond							
Location (Court, Address, Room Number)																					
Court Date and Time												Time									
Month		Day		Year						AM <input type="checkbox"/>		PM <input type="checkbox"/>									
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD NOT 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.												SCANNED									
Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed Aug 30, 2017									
HOLD for Other Agency						Signature of Arresting Officer						Arrest Verification (Initials by Arrestee)									
Name						Name of Arresting Officer RALPH PAONE						(PRINT)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		ID # 8058																	
Intake Deputy SPANN		ID # B101		Pouch #		Transporting Officer SAME AS ARREST		ID # PBSO		Agency		Page									
												Witness here if subject signed with an "X"									

On August 30, 2017 at 01:15, I responded to 9599 Philly LN. Wellington FL, 33414, in reference to a domestic dispute.

Upon arrival I spoke with Jessica Ferreira, the victim, in the drive way. Jessica stated that she was involved in a verbal argument with her husband, George Ferreira. Jessica stated that during the argument it turned into a physical confrontation when George pushed her out of the way. In turn Jessica stated that she punched George in the head in defense.

I spoke to George, he stated to me that he was involved in a verbal argument with Jessica, his wife. George stated that Jessica was "in my face so I pushed her away." Then when he walked away George stated Jessica punched him. Since George pushed Jessica first he was the primary aggressor and was arrested for domestic battery.

George Ferreira was arrested and handcuffed behind his back, double locked and checked for fit. once the arrest paper work was completed he was transported to the county jail and turned over to corrections deputies for processing.

SCANNED
AUG 30 2017

The foregoing instrument was sworn to and affirmed before me this	<u>30</u>	day of	<u>AUGUST</u>	20	<u>2017</u>	, by:
<u>Spann 8101</u>			<u>RALPH PAONE</u>			<u>8058</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Name of Arresting/Investigating Officer			
<u>Spann</u>			<u>RALPH PAONE</u>			
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Signature of Arresting/Investigating Officer			
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