

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1	Juvenile	N	
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		17108600					
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type		Multiple Clearance Indicator		0 1					
Location of Arrest (Including Name of Business) 607-B SANSBURY WAY W PALM BEACH, FL						Location of Offense (Including Name of Business) 607-B SANSBURY WAY W PALM BEACH, FL							
Date of Arrest Jul 29, 2017		Time of Arrest 21:42		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle	
Name (Last, First, Middle) BARTLEY CHRISTA						Alias (Name, DOB, Soc. Sec. #: Etc.) ASHLYNN							
Race W - White B - Black O - Oriental/Asian		Sex F		Date of Birth 09/01/1980		Height 5'06		Weight 135		Eye Color Hazel BLND		Hair Color Blond HAZ	
Complexion MED		Build MED		Marital Status SINGLE		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NUMEROUS TATTOOS													
Local Address (Street, Apt. Number) 11480 47 RD N		City LOXAHATCHEE		State FL		Zip 33470		Phone 954-625-557		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number) S/A		City		State		Zip		Phone		Address Source VERBAL; LICENSE			
Business Address (Street, Apt. Number)		City		State		Zip		Phone		Occupation			
D/L Number, State B634-101-80-821-0		Social Security Number		INS Number		Place of Birth BELLVILLE, IL		Citizenship USA					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Address (Street, Apt. No.)		City		State		Zip		Phone	
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handed/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		School Attended		Grade									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property									
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		P. Paraphernalia/ Equipment		U. Unknown Z. Other							
Charge Description DISORDERLY INTOXICATION		Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 856.011		Violation or ORD. #					
Drug Activity N/A		Drug Type N/A		Amount/Unit N/A		Offense # 17108600		Warrant/Capias Number		Bond			
Charge Description RESIST ARREST W/O VIOLENCE		Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 843.02		Violation or ORD. #					
Drug Activity N/A		Drug Type N/A		Amount/Unit N/A		Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #					
Drug Activity N/A		Drug Type N/A		Amount/Unit N/A		Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #					
Drug Activity N/A		Drug Type N/A		Amount/Unit N/A		Offense #		Warrant/Capias Number		Bond			
Location (Court, Address, Room Number) County Court 3228 Gun Club Rd West Palm Beach, Florida 33406													
Court Date and Time Month AUGUST Day 29 Year 2017 Time 9:30 AM <input checked="" 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 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. Jul 29, 2017													
Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed	
HOLD for Other Agency				Signature of Arresting Officer M R				Name Verification (Printed by Arrestee)					
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer Deputy Rieger, M				(PRINT)					
Intake Deputy ID # Pouch #				Transporting Officer Rieger, M 2820				Agency PBSO					
Witness JUL 30 2017												Page 1 of 1	

