

		ARREST / NOTICE TO APPEAR Juvenile Referral Report		Check if Supplement is Attached	
OBTS Number				1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	
Agency ORI Number FL 500300		Agency Name BOYNTON BEACH POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 34-17-36176	
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	
Location of Arrest (including Name of Business) 3625 S. FEDERAL HWY, BOYNTON BEACH FL 33435		Location of Offense (Business Name, Address) SAME			
Date of Arrest 0628/17		Time of Arrest 1344		Booking Date Booking Time Jail Date Jail Time Location of Vehicle	
Name (Last, First, Middle) MAZZA, DANIELLE C		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian W F		Sex M F		Date of Birth 120792	
Height 509		Weight 145		Eye Color BROWN	
Hair Color BROWN		Complexion LIGHT		Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status SINGLE		Religion UNKNOWN	
Local Address (Street, Apt. Number) 1609 SHIPLEY CT LANTANA FL 33462		(City) (State) (Zip)		Phone ()	
Permanent Address (Street, Apt. Number) 1609 SHIPLEY CT LANTANA FL 33462		(City) (State) (Zip)		Phone ()	
Business Address (Name, Street) (City) (State) (Zip)		Phone ()		Occupation UNEMPLOYED	
D/I. Number, State		Soc. Sec. Number		INS Number	
Place of Birth (City, State) MASS		Citizenship USA			
Co-Defendant (Last, First, Middle)		Race		Sex	
Co-Defendant (Last, First, Middle)		Race		Sex	
Name (Last) (First) (Middle)		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile	
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		Residence Phone	
Notified by: (Name)		Date		Time	
Released To: (Name)		Relationship		Date	
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 355-2526) 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 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 Opium/Deriv	
P Paraphernalia/ Equipment S Synthetic		U Unknown Z Other			
Charge Description RETAIL THEFT		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Statute Violation Number 8121015		Violation of ORD #		Bond	
Drug Activity		Drug Type		Amount / Unit	
Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Statute Violation Number		Violation of ORD #		Bond	
Drug Activity		Drug Type		Amount / Unit	
Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Statute Violation Number		Violation of ORD #		Bond	
Drug Activity		Drug Type		Amount / Unit	
Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) South County Courthouse • 200 W. Atlantic Avenue, Delray Beach, FL 33444					
Court Date and Time Month AUG Day 17 Year 2017 Time 0830 (A.M.) P.M.					
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) Danielle Mazzia					
Date Signed 06/28/17					
Signature of Arresting Officer X [Signature]					
Name Verification (Printed by Arrestee) (PRINT)					
Intake Deputy I.D. # Pouch #					
Transporting Officer I.D. # Agency					
Witness here if subject signed with an "X"					

Please contact
one of the following
telephone numbers
for further information

CENTRAL CLERK'S OFFICE Violations Bureau, Room 2.2300 206 N. Dixie Highway W. Palm Beach, FL 33402 Telephone: 561-355-2994	NORTH CLERK'S OFFICE Room 1210 3188 PGA Blvd. Palm Beach Gardens, FL 33410 Telephone: 561-624-6608	SOUTH CLERK'S OFFICE Room 1S-124 200 West Atlantic Ave. Delray Beach, FL 33444 Telephone: 561-274-1530	WEST CLERK'S OFFICE Room S-100 2950 State Road 15 Belle Glade, FL 33430 Telephone: 561-996-4843
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