

0489309

## ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1. Arrest

2. N.T.A.

3. Request for Warrant

4. Request for Capias

1

Juvenile

OBTS Number			
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## ARREST / NOTICE TO APPEAR

Agency ORI Number	Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only)	17096538					
FLO 500000					06-						
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Weapon Seized / Type	1. Yes 2. No	Multiple Clearance Indicator	01					
Location of Arrest (Including Name of Business) 3639 S. MILITARY TRAIL (MARATHON) GREENACRES, FL 33463			Location of Offense (Business Name, Address) 3639 S. MILITARY TRAIL (MARATHON) GREENACRES, FL 33463								
Date of Arrest: 06/29/17	Time of Arrest 2030	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 3479 S. MILITARY TRAIL					
Name (Last, First, Middle) JUAREZ PERALTA, HECTOR											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Defendant	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W M	Date of Birth 04/19/87	Height 506	Weight 190	Eye Color BRN	Hair Color BRN	Complexion MED	Build MED		
Defendant	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) NONE OBSERVED				Marital Status MARRIED	Religion NONE	Indication of Alcohol Influence Drug Influence				
Defendant	Local Address (Street, Apt. Number) 10115 BOYNTON PLACE CIR BOYNTON BEACH, FL				Phone (561) 939 9626	Residence Type: 1. City 2. County 3. Florida 4. Out of State					
Defendant	Permanent Address (Street, Apt. Number)				Phone ( )	Address Source					
Defendant	Business Address (Name, Street)				Phone ( )	Occupation					
Defendant	D/L Number, State J621-336-87-139-0		Soc. Sec. Number	INS Number	Place of Birth (City, State) GUTIERIO, MEXICO		Citizenship USA				
Co-Defendant	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	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			
Juvenile	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last) (First) (Middle)				Residence Phone ( )					
Juvenile	Address (Street, Apt. Number)				(City) (State) (Zip)	Business Phone ( )					
Juvenile	Notified by: (Name)				Date 06/29/17	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated				
Juvenile	Released To: (Name) Relationship										
Juvenile	The above address provided by <input checked="" 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										
Juvenile	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property						
Juvenile					Value of Property						
Code	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. Palpation/ Equipment S. Synthetics	U. Unknown Z. Other
Charge	Charge Description SOLICITING ANOTHER TO COMMIT PROSTITUTION				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 796.07 (b) (A).1		Violation of ORD #		
Charge	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17096538			Warrant / Capias Number	Bond Dr			
Charge	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Charge	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number	Bond			
Charge	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Charge	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number	Bond			
Charge	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Charge	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number	Bond			
Notice to Appear	Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB ROAD WBB, FL										
Notice to Appear	Court Date and Time Month JULY Day 18 Year 2017 Time 8:30 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 e/1058 pm				
HOLD for other Agency Name:			Signature of Arresting Officer X			Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:											
Intake Deputy		I.D. #	Pouch #	Transporting Officer	ID #	Agency	Witness here if subject signed with an				
DAS J BENNETT #8310				SCOTT MURDO 901		PSICO	1 0511				
PASTORAL & WHITE COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		SOLO - DEFENDANT (N.T.A. ONLY)			

Sherrod 9011