

ARREST / NOTICE TO APPEAR				Juvenile Referral Report		1. Arrest	3. Request for Warrant	2. N.T.A.	4. Request for Capias	1	Juvenile	
ADMINISTRATIVE	OBTS Number		Agency ORI Number		Agency Name		19715963		Agency Report Number (N.T.A.'s only)			
	FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE				06-17119814					
	ChargeType: Check as many as apply.		<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 1. Yes		Multiple Clearance Indicator	
			<input checked="" type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		<input type="checkbox"/> 2. No			
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)							
	Southern Blvd at Florida Turnpike West Palm Beach FL 33413				Southern Blvd at Fl Turnpike WPB FL 33413							
	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
	08/27/2017		01:10									
	Location of Vehicle				Kauffs Towing							
	Name (Last, First, Middle) <b>Maher</b> Alias (Name, DOB, Soc. Sec. #, Etc.) <b>John A</b>											
Race W - White I - American Indian B - Black O- Oriental/Asian		Sex W M		Date of Birth 07/15/1983		Height 6'		Weight 190		Eye Color Bro		
										Hair Color Bro		
										Complexion Med		
										Build Med		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												
Marital Status Sing Religion None												
Indication of: Y N Alcohol Influence Drug Influence												
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone 4611 N Federal Hwy Pompano Beach FL 33063 ( )												
Residence Type: 1. City 3. Florida 2. County 4. Out of State 2												
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone ,												
Address Source D.A.V.I.D.												
Business Address (Name, Street) (City) (State) (Zip) Phone Occupation Sales												
D/L Number, State M600461832550		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Ft Lauderdale Florida		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 Legal Custodian Other Residence Phone ( )												
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)												
Property Crime? □ Yes □ 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		Counts 1		Domestic Violence □ Y □ N		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/ Deriv.		
Charge Description DUI								Statute Violation Number 316.193(1)		Violation of ORD #		
Drug Activity N N		Amount / Unit		Offense # 17119814				Warrant / Capias Number		Bond		
Charge Description				Counts 1		Domestic Violence □ Y □ N		Statute Violation Number		Violation of ORD #		
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond		
Charge Description				Counts 1		Domestic Violence □ Y □ N		Statute Violation Number		Violation of ORD #		
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond		
Charge Description				Counts 1		Domestic Violence □ Y □ N		Statute Violation Number		Violation of ORD #		
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond		
NOTICE TO APPEAR Location (Court Room Number/Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996												
Court Date and Time Month <b>Sept</b> Day <b>28</b> Year <b>2017</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>												
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 08/27/2017												
Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed												
HOLD for other Agency Name: X				Signature of Arresting Officer Name of Arresting Officer (Print) Inv. J. Schneider I.D. # 8501				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 Inv. J. Schneider		ID # 8501		Agency PBSO		
Witness here if subject signed with an -X" 1 OF 1												