

J# 0118982

p#304

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile [1] [N]	
OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		16-125654	
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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 Indicate 0 1					
Location of Arrest (Including Name of Business) Hypoluxo rd/Paxford Ln Boynton Beach				Location of Offense (Including Name of Business) Hypoluxo rd/Paxford Ln Boynton Beach					
Date of Arrest Sep 11, 2016		Time of Arrest 0300		Booking Date Sep 11, 2016		Booking Time		Jail Date Sep 11, 2016	
Jail Time		Location of Vehicle							
Name (Last, First, Middle) Fiorini Lea Marie				Alias (Name, DOB, Soc. Sec. # Etc.) ss 186-48-0319					
Race W-White B-Black O-Oriental/Asian W		Sex F		Date of Birth 12/31/67		Height 5'4		Weight 140	
Eye Color Brown		Hair Color Black		Complexion Fair		Build Med			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		Transfer of Alcohol Influence Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 4469 Brandon Dr		City Delray Beach		State FL		Zip 33445		Phone 561-699-0109	
Permanent Address (Street, Apt. Number) 4469 Brandon Dr		City Delray Beach		State FL		Zip 33445		Phone 561-699-0109	
Business Address (Street, Apt. Number)		City		State		Zip		Phone	
Occupation									
DL Number, State F650-553-67-971-1		Social Security Number		INS Number		Place of Birth Pittsburg PA		Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Parent Legal Guardian Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Name (Last, First, Middle)				Phone	
Address (Street, Apt. No.)				City		State		Zip	
Business Phone									
Notified By (Name)				Date		Time		Juvenile Disposition 1. Handed/Processed with 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 561-355-2529) 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 N/A P Possess S Sell B Buy T Traffic R Smuggle D Deliver E Use K Dispense/ Distribute M Manufacture/ Produce Cultivate 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 Possession of cocaine				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13 (a)(1) 6A	
Drug Activity P		Drug Type C		Amount/Unit 0.2 grams		Offense # 16-125654		Warrant/Capias Number	
Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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	
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	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Bond									
Location (Court, Address, Room Number) *** TO BE SET ***									
Court Date and Time Month Day Year Time 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 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. Sep 11, 2016									
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed				
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other					Signature of Arresting Officer A. Miranda ID # 26971				
Intake Deputy DS ID # 33670					Name Verification (Printed by Arrestee) (PRINT) Witness here if subject signed with an "X"				

SCANNED
SEP 11 2016

