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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			
ADMINISTRATIVE	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-109434								
	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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 01								
	Location of Arrest (Including Name of Business) 12061 QUILTING LN BOCA RATON, FL 33428				Location of Offense (Business Name, Address) 12069 QUILTING LN BOCA RATON, FL 33428								
	Date of Arrest 08/01/17	Time of Arrest 0825	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
DEFENDANT	Name (Last, First, Middle) MAO, LIJUN										Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 08/15/74	Height 5'0	Weight 116	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build SMALL				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status M	Religion CHRISTIAN	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number) 12069 QUILTING LN		(City) BOCA RATON, FL	(State) 33428	(Zip)	Phone (561) 400-8718		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2			
	Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City)	(State)	(Zip)	Phone ()		Address Source					
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()		Occupation					
	D/L Number, State N/A		Soc. Sec. Number N/A		INS Number		Place of Birth (City, State) HUBEI, CHINA		Citizenship CHINESE				
	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 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 ()							
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone ()								
Notified by: (Name)		Date 08/01/17	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 <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)					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. Synthetics	U. Unknown Z. Other	
Charge Description DOMESTIC BATTERY		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03 1A1		Violation of ORD #							
Drug Activity N		Drug Type N	Amount / Unit N/A	Offense # 17-109434	Warrant / Capias Number		Bond						
Charge Description		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #							
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond							
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #							
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond							
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #							
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond							
Location (Court, Room Number, Address) AUG 1 AM 10:40													
Court Date and Time Month Day Year Time 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			
HOLD for other Agency Name:		Signature of Arresting Officer G. LONG, JR				Name Verification (Printed by Arrestee) (PRINT)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake Deputy		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) G. LONG, JR		I.D. # 8298		PAGE 1 OF 1					
Transporting Officer G. LONG, JR		I.D. # 8298		Agency 1650		Witness here if subject signed with an -X-							

