

0485681 NH

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ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1 Juvenile

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias													
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06- 17044887														
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01											
Location of Arrest (Including Name of Business) 7 Hadley Court Greenacres, FL 33463				Location of Offense (Business Name, Address) 7 Hadley Court															
Date of Arrest 02-26-17		Time of Arrest 2125		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A											
Name (Last, First, Middle) Ramirez, Maria, Christina						Alias (Name, DOB, Soc. Sec. #, Etc.) N/A													
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W		Date of Birth 03-10-79		Height 5'6		Weight 135		Eye Color Brown		Hair Color Black		Complexion Tan		Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Left Skull, Tattoo, Rose w/ skull						Marital Status Single		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence		Y N <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Unk.					
Local Address (Street, Apt. Number) 4 Hadley Court						(City) Greenacres, FL 33463		(State) (Zip)		Phone (908) 698-1252		Residence Type: 1. City 2. County		3. Florida 4. Out of State		1			
Permanent Address (Street, Apt. Number) 4 Hadley Court						(City)		(State)		Phone ()		Address Source verbal-defendant							
Business Address (Name, Street)						(City)		(State)		Phone ()		Occupation							
D/L Number, State R-562-543-79-590-0 , FL			Soc. Sec. Number N/A			INS Number N/A			Place of Birth (City, State) Mexico			Citizenship Resident							
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					
<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 02-26-17		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 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							
CODE	S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	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	Charge Description Child Abuse w/o bodily injury					Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 827.03(2)(c)			Violation of ORD # N/A								
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17044887				Warrant / Capias Number N/A			Bond N/A 3000								
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)																		
NOTICE TO APPEAR	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) 5 Date Signed																			
HOLD for other Agency Name: X				Signature of Arresting Officer R				Name Verification (Printed by Arrestee) —											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) D/S Fuentes Jr				Name Verification (Printed by Arrestee) —											
Intake Deputy 103 Tag 7392				Transporting Officer 24989 Peso				Name Verification (Printed by Arrestee) —											
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