

0474435

3631

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request For Warrant 1 Juvenile N
2. N.T.A. 4. Request For Capias

OBTS Number
Agency ORI Number: FLO 5 0 0 0 0
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number: 06 18046180

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
If Weapon Seized: Enter Type
Multiple Clearance Indicator: 0 2

Location of Arrest (Including Name of Business): 13811 ONEIDA DRIVE #E1 DELRAY BEACH FL 33446
Location of Offense (Including Name of Business): 13811 ONEIDA DRIVE #E1 DELRAY BEACH FL 33446

Date of Arrest: Mar 4, 2018
Time of Arrest: 23:58
Booking Date: [Blank]
Booking Time: [Blank]
Jail Date: [Blank]
Jail Time: [Blank]
Location of Vehicle: N/A

Name (Last, First, Middle): ADAMS MICHAEL ALLEN
Alias (Name, DOB, Soc. Sec. #, Etc.): [Blank]

Race: W-White 1-American Indian B-Black O-Oriental/Asian
Sex: M
Date of Birth: 08/16/1970
Height: 6'00
Weight: 200
Eye Color: BROWN
Hair Color: BROWN
Complexion: FAIR
Build: MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NONE
Marital Status: MARRIED
Religion: CHRISTIAN
Indication of Alcohol Influence: Y N Unk
Indication of Drug Influence: [Blank]

Local Address (Street, Apt. Number): 13811 ONEIDA DRIVE #E1 DELRAY BEACH FL 33446
City: DELRAY BEACH FL
State: FL Zip: 33446
Phone: 314-243-1603
Residence Type: 1. City 2. County 3. Florida 4. Out of State 1

Permanent Address (Street, Apt. Number): 13811 ONEIDA DR DELRAY BEACH FL 33446
City: DELRAY BEACH FL
State: FL Zip: 33446
Phone: 314-243-1603
Address Source: Verbal and DL

Business Address (Street, Apt. Number): [Blank]
City: [Blank]
State: [Blank] Zip: [Blank]
Phone: [Blank]
Occupation: Real Estate

D/I Number, State: a352541702960
INS Number: [Blank]
Place of Birth: ST. LOUIS MO
Citizenship: USA

Co-Defendant Name (Last, First, Middle): [Blank]
Race: [Blank] Sex: [Blank] Date of Birth: [Blank]
1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): [Blank]
Race: [Blank] Sex: [Blank] Date of Birth: [Blank]
1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Guardian Other: [Blank]
Name (Last, First, Middle): [Blank]
Phone: [Blank]

Address (Street, Apt. No.): [Blank]
City: [Blank] State: [Blank] Zip: [Blank]
Business Phone: [Blank]

Notified By (Name): [Blank]
Date: [Blank] Time: [Blank]
Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated

Released To (Name): [Blank]
Relationship: [Blank] Date: [Blank] Time: [Blank]

The above address was provided by [Blank] defendant and/or [Blank] defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change.
[Blank] Yes, by (Name) [Blank] No (Reason)

Property Crime? [Blank] Yes [Blank] No
Description of Property: [Blank]
Value of Property: [Blank]

Drug Activity: N. N/A S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce Cultivate Z. Other
Drug Type: N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/Equipment U. Unknown Z. Other
C. Cocaine E. Heroin M. Marijuana

Charge Description: Simple Battery-Domestic Related
Counts: 1 Domestic Violence: [X] Y [] N
Statute Violation Number: 784.03(1)(A)(1)
Violation or ORD. #: [Blank]

Drug Activity: U Drug Type: U Amount/Unit: N/A Offense #: 18046180
Warrant/Capias Number: [Blank] Bond: [Blank]

Charge Description: Prevent communication with LEO
Counts: 1 Domestic Violence: [X] Y [] N
Statute Violation Number: 914.22(1)(A) N/A
Violation or ORD. #: [Blank]

Drug Activity: U Drug Type: U Amount/Unit: N/A Offense #: 18046180
Warrant/Capias Number: [Blank] Bond: [Blank]

Charge Description: [Blank]
Counts: [Blank] Domestic Violence: [Blank] Y [] N
Statute Violation Number: [Blank] Violation or ORD. #: [Blank]

Drug Activity: [Blank] Drug Type: [Blank] Amount/Unit: [Blank] Offense #: [Blank]
Warrant/Capias Number: [Blank] Bond: [Blank]

Charge Description: [Blank]
Counts: [Blank] Domestic Violence: [Blank] Y [] N
Statute Violation Number: [Blank] Violation or ORD. #: [Blank]

Drug Activity: [Blank] Drug Type: [Blank] Amount/Unit: [Blank] Offense #: [Blank]
Warrant/Capias Number: [Blank] Bond: [Blank]

Location (Court, Address, Room Number): [Blank]

Court Date and Time: Month [Blank] Day [Blank] Year [Blank] Time [Blank] AM [] PM []

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.

Signature of Defendant (or Juvenile and Parent/Custodian): [Blank] Date Signed: [Blank]

HOLD for Other Agency: [Blank] Signature of Arresting Officer: [Signature] 18796
Name Verification (Printed by Arrestee): [Blank]

Name: [Blank] Resisted Arrest: [Blank] Suicidal: [Blank] Other: [Blank]
Name of Arresting Officer: D/S N. MUNOZ ID #: 18796 (PRINT)

Intake Deputy: SPANN 8101 ID #: [Blank] Pouch #: [Blank]
Transporting Officer: [Signature] 18796 Agency: PBSO
Witness here if subject signed with an "X": [Blank] Page: 1 of 1

SCANNED

MAR 05 2018

1 No Bond
2 No Bond

MAR 5 2018
2018 MAR 5 AM 5:41
JUVENILE COURT
CLERK'S OFFICE
BRANCH

