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ARREST / NOTICE TO APPEAR				Juvenile Referral Report		1. Arrest	2. N.T.A.	3. Request for Warrant	4. Request for Capias	1	Juvenile	N			
OBTS Number		Agency Name				Agency Report Number (N.T.A.'s only)									
Agency ORI Number		PALM BEACH COUNTY SHERIFF'S OFFICE				06-17-026839									
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type		Multiple Clearance Indicator		02			
Location of Arrest (including Name of Business)		Location of Offense (Business Name, Address)													
Date of Arrest 01/15/2015		Time of Arrest 0415		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle N/A			
Name (Last, First, Middle) Rolleri, Michael, Christopher															
Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 10/12/1977		Height 5'11		Weight 185		Eye Color Blue		Hair Color BLND		Complexion Light	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tatt: L/Arm, R/S Ribs															
Local Address (Street, Apt. Number) 23205 Fountain View, Boca Raton, FL 33433		(City)		(State)		(Zip)		Marital Status Single		Religion CHRISTIAN		Indication of: Y N Alcohol Influence Drug Influence			
Permanent Address (Street, Apt. Number) ,		(City)		(State)		(Zip)		Phone (954) 798-1421		Phone () N/A		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Business Address (Name, Street) N/A		(City)		(State)		(Zip)		Phone () N/A		Phone () N/A		Address Source FL DL			
DL Number, State R460543773720, FL		Soc. Sec. Number		INS Number N/A		Place of Birth (City, State) Ft. Laud., FL		Citizenship USA		Occupation Super Intendant of Construction					
Co-Defendant Name (Last, First, Middle) N/A		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: N/A															
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone ()		Business Phone ()					
Notified by: (Name)				Date		Time		Juvenile Disposition Released/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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)							School Attended								
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property					Value of Property								
CODE	S. Sell 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 Simple Battery (Domestic)				Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.03(1A1)		Violation of ORD #					
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17-026839	Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond <i>None</i>					
CHARGE	Charge Description Possession of Marijuana under 20GMS				Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(6B)		Violation of ORD #					
CHARGE	Drug Activity P	Drug Type M	Amount / Unit 16.03GMS	Offense # 17-026839	Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond <i>BR</i>					
CHARGE	Charge Description N/A				Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number N/A		Violation of ORD #					
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # N/A	Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond					
CHARGE	Charge Description N/A				Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number N/A		Violation of ORD #					
NOTICE TO APPEAR	Location (Court, Room Number, Address)														
NOTICE TO APPEAR	Court Date and Time Month Day Year Time AM PM														
NOTICE TO APPEAR	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														
NOTICE TO APPEAR	01/15/2015														
ADMIN	Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed										
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer <i>D/S Similien</i>					Name Verification (Printed by Arrestee)					
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) D/S Similien					(PRINT)					
ADMIN	Arresting Deputy		I.D. #		Pouch #		Transporting Officer		ID #		Agency		PAGE		
ADMIN	Witness here if subject signed with an "X"														

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: Rolleri, Michael, Christopher COURT CASE/WARRANT#.

(FOR WARRANTS USE ONLY)

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Domestic Violence** - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

**Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.**

1. Incident Report #: 17-026839 Agency: PBSO
Offense: Simple Battery (Domestic)
Suspect/Offender: Roller, Michael, Christopher
D.O.B. 10/12/1977 Race: W Sex: M

2. Warrant # (s): _____

b. Victim's next of kin, friend or neighbor: N/A
Address: N/A
City: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

Waiver: I choose not to be notified when the arrestee is released from custody.

Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S Similien I.D.# 7282 Date: 01/15/2015
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00028A REV. 4199