

0484513

poh 3443

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		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-17-026839							
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 02							
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 1 - American Indian B - Black 0 - Oriental/Asian		Sex 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		Marital Status Single		Religion CHRISTIAN		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 23205 Fountain View, Boca Raton, FL 33433		(City)		(State)		(Zip)		Phone (954) 798-1421		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone () N/A		Address Source FL DL			
Business Address (Name, Street) N/A		(City)		(State)		(Zip)		Phone () N/A		Occupation Super Intendant of Construction			
D/L Number, State R460543773720, FL		Soc. Sec. Number		INS Number N/A		Place of Birth (City, State) Ft. Laud., FL		Citizenship USA					
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 Division 1. Notified/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		Grade									
Property Crime? <input type="checkbox"/> Yes <input checked="" 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 Simple Battery (Domestic)		Counts 01		Domestic Violence <input 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 # 17-026839		Warrant / Capias Number		Bond None			
Charge Description Possession of Marijuana under 20GMS		Counts 01		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 893.13(6B)		Violation of ORD #					
Drug Activity P		Drug Type M		Amount / Unit 16.03GMS		Offense # 17-026839		Warrant / Capias Number		Bond OR			
Charge Description N/A		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number N/A		Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # N/A		Warrant / Capias Number		Bond			
Charge Description N/A		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number N/A		Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # N/A		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address)													
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 01/15/2015	
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee)							
<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				I.D. # 7282		AGENCY 7282			
Mental Health [Signature]		I.D. #		Pouch #		Transporting Officer [Signature]		I.D. # 7615		Agency 7615		Witness here if subject signed with an -X" [Signature]	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)													

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense

- Stalking (F.S. 784.048)

- 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.)

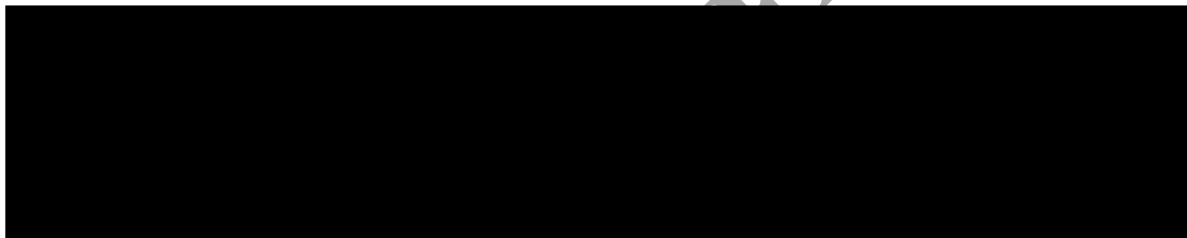
Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

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

(FOR WARRANTS USE ONLY)

1. Incident Report #: 17-026839 Agency: PBSO
Offense: Simple Battery (Domestic)
Suspect/Offender: Rolleri, 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**