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ADMINISTRATIVE				ARREST / NOTICE TO APPEAR				Juvenile Referral Report				1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias				1		Juvenile	
OBTS Number				Agency ORI Number				Agency Name				Agency Report Number (N.T.A.'s only)				17-096522		NH	
FLO 500000				PALM BEACH COUNTY SHERIFF'S OFFICE				06-											
ChargeType: Check as many as apply: 1. Felony 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 2 1. Yes 2. No				Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) 3639 S. MILITARY TRAIL (MARATHON) GREENACRES, FL 33463								Location of Offense (Business Name, Address) 3639 S. MILITARY TRAIL (MARATHON) GREENACRES, FL 33463											
Date of Arrest 06/29/17		Time of Arrest 2020		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle 3479 S. MILITARY TRAIL							
Name (Last, First, Middle) Pimienta Michel								Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W		Date of Birth 6-10-95		Height 5-05		Weight 130		Eye Color Brn		Hair Color Brn		Complexion Med		Build Med			
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)								Marital Status Single		Religion NONE		Indication of: Y N Unk. Alcohol Influence Drug Influence							
Local Address (Street, Apt. Number) 4455 Ixora Circle								(City) Lake Worth, FL 33461		(State) (Zip)		Phone (786) 901-9071		Residence Type: 1. City 2. County 3. Florida 4. Out of State				2	
Permanent Address (Street, Apt. Number)								(City)		(State) (Zip)		Phone ()		Address Source Defendant					
Business Address (Name, Street)								(City)		(State) (Zip)		Phone ()		Occupation					
D/L Number, State C623540952100				Soc. Sec. Number				INS Number				Place of Birth (City, State) Miami, FL				Citizenship USA			
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	
Parent Legal Custodian Other: Name (Last) (First) (Middle)								Residence Phone 786-901-9071											
Address (Street, Apt. Number)								(City)		(State) (Zip)		Business Phone ()							
Notified by: (Name)				Date 06/29/17		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 050											
Drug Activity 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.徘徊/徘徊 E.未知/未知 S. Synthetic	
Charge Description SOLICITING ANOTHER TO COMMIT PROSTITUTION								Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 796.07 (2)(A)(1)				Violation of ORD # (80)(b)			
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 17-096522		Warrant / Capias Number											
Charge Description								Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number											
Charge Description								Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number											
Charge Description								Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number											
Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB ROAD WBB, FL								Bond 02											
Court Date and Time Month JULY Day 18 Year 2017 Time 8:30 AM ✓ PM								SCANNED											
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 JUN 30 2017											
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:								Name Verification (Printed by Arrestee) (PRINT)											
Intake Deputy D/S J BENNETT								PAGE 1 OF 1											
DISTRIBUTION: WHITE - COURT								Witness here if subject signed with an -X" PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)											
PSBO #148 REV. 9/97																			

