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ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 2 NTA.		3. Request for Warrant 4. Request for Capias		1	Juvenile
	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 16131527					
DEFENDANT	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 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 Check as many as apply.											
	If Weapon Seized <input type="checkbox"/> Enter Type <input type="checkbox"/> Multiple Clearance Indicator 01											
CO-DEF	Location of Arrest (including Name of Business) 6545 BOYNTON BEACH BLVD BOYNTON BEACH FL 33437 DUFFYS											
	Location of Offense (Business Name, Address) 6545 BOYNTON BEACH BLVD BOYNTON BEACH FL 33437 DUFFYS											
JUVENILE	Date of arrest 09/25/2016		Time of Arrest 1920 hours		Booking Date		Booking Time		Jail Date		Jail Time	
	Location of Vehicle											
CO-DEF	Name (Last, First, Middle) HOLDER NICOLE LYN											
	Alias (Name, DOB, Soc. Sec. #, Etc.)											
JUVENILE	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 11/30/1982		Height 5'0		Weight 135		Eye Color GREEN	
	Hair Color BROWN		Complexion LIGHT		Build MEDIUM							
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RIGHT ARM TATTOO											
	Marital Status SINGLE Religion CHRISTIAN Indication of: Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>											
JUVENILE	Local Address (Street, Apt. Number)		(City)		(State)		(zip)		Phone		Residence Type	
	10098 STONEHEGE CIRCLE		BOYNTON BEACH		FLORIDA		33437		(631) 626-8178		1. City 2. County 3. Florida 4. Out of State   2	
JUVENILE	Permanent Address (Street, Apt. Number)		(City)		(State)		(zip)		Phone		Address Source	
	10098 STONEHEGE CIRCLE		BOYNTON BEACH		FLORIDA		33437		(631) 626-8178		VERBAL	
JUVENILE	Business Address (Name, Street)		(City)		(State)		(zip)		Phone		Occupation	
											LEGAL	
JUVENILE	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship			
							LONG ISLAND, NEW YORK		USA			
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											
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											
JUVENILE	Parent Legal Custodian Other: Name (Last) (First) (Middle) Residence Phone											
	Address (Street, Apt. Number) (City) (State) (zip) Business Phone											
JUVENILE	Notified by: (Name) Date Time Juvenile Disposition 1. Handled/processed with Dept. and Released. 2. Incarcerated 3. Released 4. Other											
	Released To: (Name) Relationship Date Time											
JUVENILE	The above address was 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's Office (Phone 355-2526) informed of any change of address. Yes, by (Name) No. (Reason)											
	School Attended Grade											
JUVENILE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Property Value of Property											
CHARGE	Activity S. Sell S. Sell R. Smuggle K. Dispense M. Manufacture/ Z. Other N. NIA B. Buy D. Deliver Distribute Produce/ Cultivate P. Possess T. Traffic E. Use											
	Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown A. Amphetamine C. Cocaine M. Marijuana Equipment E. Heroin O. Opium/deriv S. Synthetic Z. Other											
CHARGE	Charge Description obstruction Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number 843.02 Violation of ORD #											
	Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond											
CHARGE	Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N Statute Violation Number Violation of ORD #											
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NOTICE TO APPEAR	Location (Court, Room Number, Address) 200 West Atlantic Ave Delray Beach FL 33484											
	Court Date and Time Month Oct Day 20th Year 2016 Time 830 AM											
ADMIN	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED I UNDERSTAND I SHOULD NOT 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											
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer				Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Inmate Deputy		Name of Arresting Officer (Print) D/S M. Lennertz I.D. # 7166				(PRINT)					
ADMIN	Pouch #		Transporting Officer I.D. #				Agency					
			26482				1960					
ADMIN	Witness here if suspect signed with an "X"											
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