

2207089

17mm 013634 1417

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17148969													
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input 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		If Weapon Seized Enter Type		Multiple Clearance Indicator 0		1															
Location of Arrest (Including Name of Business) 1426 S N ST LAKE WORTH, FL 33460				Location of Offense (Including Name of Business) 1426 S N ST LAKE WORTH, FL 33460																	
Date of Arrest 11/07/2017		Time of Arrest 19:00		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) FETTES PATRICK MICHAEL				Alias (Name, DOB, Soc. Sec. #. Etc.)																	
Race W - White 1 - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 11/10/1975		Height 5'07		Weight 175		Eye Color BLUE		Hair Color BROWN		Complexion LIGHT		Build MEDIUM					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status SINGLE		Religion NONE		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/>							
Local Address (Street, Apt. Number) 1426 S N ST, APT 9				City LAKE WORTH		State FL		Zip 33460		Phone NO PHONE		Residence Type 1. City 3. Florida 2. County 4. Out of State 1									
Permanent Address (Street, Apt. Number)				City		State		Zip		Phone		Address Source DEFENDANT									
Business Address (Street, Apt. Number)				City		State		Zip		Phone		Occupation UNEMPLOYED									
D/L Number, State F320673754100, FL				Social Security Number				INS Number		Place of Birth DENVIL, NEW JERSEY		Citizenship US									
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									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)								Phone											
Address (Street, Apt. No.)				City		State		Zip		Business Phone											
Notified By (Name)				Date		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 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 561 355-2526) informed of any address change <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											
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		P. Paraphernalia/ Equipment		U. Unknown Z. Other	
Charge Description DISORDERLY INTOXICATION				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 856.011				Violation or ORD. #									
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 17148969		Warrant/Capias Number				Bond									
Charge Description				Counts		Domestic Violence		Statute Violation Number				Violation or ORD. #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
Charge Description				Counts		Domestic Violence		Statute Violation Number				Violation or ORD. #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
Charge Description				Counts		Domestic Violence		Statute Violation Number				Violation or ORD. #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
Location (Court, Address, Room Number) KK 3228 Cour Club Rd TO BE SET WPDs Fl 33400												Date and Time Month 12 Day 12 Year 2017 Time 0830 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>									
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)										Date Signed											
HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)													
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer D/S A. REYKA				ID # 17180		(PRINT) SCANNED											
Initials D/S L. BRYANT #8241				Transporting Officer ID # D/S A. REYKA #17180				Agency PBSO		Page 1 of 1											

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