

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06 17138285	
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Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized	Multiple Clearance Indicator
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Enter Type	<input type="checkbox"/> 1

Location of Arrest (Including Name of Business) 13783 EXOTICA LN WELLINGTON FL			Location of Offense (Including Name of Business) 13783 EXOTICA LN WELLINGTON FL		
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Date of Arrest Oct 12, 2017	Time of Arrest 00:34	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
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Name (Last, First, Middle) BAHAL <i>Richa</i> RICKA AT	Alias (Name, DOB, Soc. Sec. #, Etc.) KAUR
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Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex F	Date of Birth 02/02/1993	Height 5'2"	Weight 140	Eye Color BROWN	Hair Color BLACK	Complexion BROWN	Build MEDIUM
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Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR ON FORE HEAD AND EYEBROW	Marital Status SINGLE	Religion	Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>
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Local Address (Street, Apt. Number) 13783 EXOTICA LN	City WELLINGTON	State FL	Phone 561-229-3569	Residence Type: 1. City 3. Florida 2. County 4. Out of State
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Permanent Address (Street, Apt. Number) 13783 EXOTICA LN	City WELLINGTON	State FL	Zip 33414	Address Source FCIC/NCIC
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Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation NURSE
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D/L Number, State B-400-731-83-542-0	Social Security Number	INS Number	Place of Birth INDIA, PUNJAB	Citizenship USA
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
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<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)	Phone
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Address (Street, Apt. No.)	City	State	Zip	Business Phone
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Notified By (Name)	Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated
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Released To (Name)	Relationship	Date	Time
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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	School Attended	Grade
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Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property
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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 A. Amphetamine B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other
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Charge Description DISHODERLY INTOXICATION	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 856.011 1	Violation or ORD. #
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Drug Activity E	Drug Type Z	Amount/Unit	Offense # 17138285	Warrant/Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
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Location (Court, Address, Room Number) West County Justice Complex 2950 ST RD 15 Belle Glade FL 33430

Court Date and Time Month November Day 14th Year 2017 Time 09:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
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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
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HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
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<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer P/S A TEJADA	ID # 26703	Page 1 of 1
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Intake Deputy	ID #	Pouch #	Agency PBSO	Witness here if subject signed with an "X"
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2017MM012513 MR

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE			Agency Report Number 06 17138285				
Charge Type: Check as many as apply		Special Notes							
<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									
Defendant Name (Last, First, Middle) BAHAL RICKA KAUR				Race W	Sex F	Date of Birth 02/02/1993			
Charge DISHODERLY INTOXICATION				Charge					
Charge				Charge					
Victim Name (Last, First, Middle) STATE OF FLORIDA				Race	Sex	Date of Birth			
Local Address (Street, Apt. Number)		City	State	Zip	Phone		Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...									
<input type="checkbox"/> committed the below acts in my presence.		<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.							
<input type="checkbox"/> confessed to admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.							
On the 12TH day of OCTOBER 20 17 at 12:58 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM									

On Thursday, 10/12/2017, approximately 11:46 pm, I was dispatched to; 13783 EXOTICA LN, VILLAGE OF WELLINGTON, FL, reference a Child Abuse.

Upon arrival I met RICHA,KAUR,BEHAL, W/F, DOB 02/02/1993, who was extremely intoxicated. While speaking with Richa I detected a strong smell of an unknown alcoholic beverage emanating form her body and breath. Richa made allegations that her children's father, GUAVIN, BALLWANT, KANHAI, W/M, DOB 10/21/1962, was beating her with the remote earlier today. Richa was uncooperative and threatened to fight with deputies if we arrest Guavin. In the house there where bottles of Vodka and trash all over the floor that according to Guavin was thrown when he tried to take the alcohol away from Richa. According to Guavin, Richa continued drinking when she arrived home. Guavin told me he left the house around 07:00 AM and returned approximately 08:00 PM. Guavin stated that shortly after Richa returned she began acting more irrational and violent. Guavin told me Richa made mentioned that Deputies were on their way to arrest him because he is abusive towards them.

While conducting my investigation into the suspected child abuse/child neglect Richa was very uncooperative giving me false information about her and her children's whereabouts. Earlier this evening, Richa drove to the hospital with her two children while under the influence of an unknown alcoholic beverage and alleged being abused. Ref C/N 17-138192. Richa told me a friend Olivia drove her home when actually the staff at Palms West Hospital paid for her transportation due to her being under the influence. Richa's vehicle remained at the parking lot of the hospital. According to Guavin, Richa continued drinking when she arrived home. Due to the above facts I find probable cause to arrest RICHA,KAUR,BEHAL, for Disorderly Intoxication, contrary to FSS, 856.011 (1). Richa was taken to Palm Beach County Jail without incident.

The foregoing instrument was sworn to and affirmed before me this 12th day of OCTOBER 20 17 , by:	
DISG PALMER 25514	D/S A TELADA 26703
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
[Signature]	[Signature]
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
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