

0400534

4-3741

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

Agency ORI Number <b>0500800</b>	Agency Name <b>West Palm Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>9, 4 2018-0007893</b>
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

Location of Arrest (Including Name of Business) <b>611 28TH ST WEST PALM BEACH, FL</b>	Location of Offense (Business Name, Address) <b>2800 BROADWAY, WEST PALM BEACH, FL</b>
Date of Arrest <b>05/08/2018</b>	Time of Arrest <b>21:28</b>
Booking Date <b>05/08/2018</b>	Booking Time <b>21:38</b>

Name (Last, First, Middle) <b>COSTA, ROBERT J J</b>	Alias:
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>M</b>
Date of Birth <b>04/22/1975</b>	Height <b>5'09</b>
Weight <b>205</b>	Eye Color <b>BROWN</b>
Hair Color <b>BLACK</b>	Complexion <b>MEDIUM</b>
Build <b>Medium</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>

Local Address (Street, Apt. Number) <b>1227 SW BUCKSKIN TRIAL, STUART, FL 34997</b>	Phone <b>(561) 935-8258</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>3</b>
Permanent Address (Street, Apt. Number) <b>1227 SW BUCKSKIN TRIAL, STUART, FL 34997</b>	Phone <b>(561) 935-8258</b>	Address Source <b>VERBAL</b>
Business Address (Name, Street) <b>NONE, N/A</b>	Phone	Occupation <b>N/a</b>

D/L Number, State <b>C230770751420 / FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>WORCHESTER, NY,</b>	Citizenship <b>US</b>
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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"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor

<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	(City) (State) (Zip)	Business Phone

Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name)	Date	Time	

The above address was provided by  defendant and/or  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: \_\_\_\_\_  No: \_\_\_\_\_

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/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. Synthetic	U. Unknown Z. Other
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Charge Description <b>PROSTITUTION</b>	Statute Violation Number <b>796.07(4A1)</b>	Violation of ORD # <b>8726</b>
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>/</b>
Offense # <b>2018-0007893</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence

Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
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Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By	Released To
Transported By	Date Transported	Time Transported	Other	<b>MAY 8 PM 10:36</b>	

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Location (Court, Room) <b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>
	Court Date and Time <b>06/12/2018 13:00:00</b>

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 **5-8-18**

HOLD for Other Agency	Signature of Arresting Officer <b>C. Sullivan 2017</b>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) <b>SULLIVAN, COURTNEY</b>	(PRINT)
Transporting Officer <b>VARGAS</b>	I.D.# <b>1847</b>	Agency <b>WPBPD</b>

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>9   4   2018-0007893</b>
Charge Type: Check as many as apply.					Special Notes:
<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					

Name (Last, First, Middle) <b>COSTA, ROBERT JOHN J</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/22/1975</b>
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Charge Description <b>796.07(4A1) PROSTITUTION</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State Of Florida</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

The undersigned certifies and 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 . . .

committed the below acts in my presence.       was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.       was found to have committed the below acts, resulting from my (described) investigation.

On the **8** day of **May**, **2018** at **21:44** (Specifically include facts constituting cause for arrest.)

On Tuesday, May 08, 2018 at approximately 2128hrs members of the CRT division were conducting a prostitution operation. The operation involved officers working in an undercover capacity and was intended to curb prostitution activity within the city.

At approximately 2128hrs the defendant, now known as Robert Costa, W/M, 04/22/75, made contact with [REDACTED] who was working in an undercover capacity near the intersection of 28th St and Broadway. The defendant made contact with UC officer in a grey Nissan Altima, FL tag GHZX65 and advised he would pay her \$10.00 for oral sex.

After the defendant solicited the undercover officer for a sex act for money, uniformed officers took the offender into custody. The conversation between the defendant and the undercover officer was audio recorded for evidence purposes. The arrest of the defendant was captured on officer's body worn cameras. The defendant was transported to WPBPD booking for processing.

Due to the facts stated above, Robert Costa, was arrested for Prostitution (solicit another) under F.S.S. 796.07(4A1). After paperwork was complete the defendant was transported to PBCJ.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>C. Sullivan 2018</i>
<b>BUXTON, SETH</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>SULLIVAN, COURTNEY (02017)</b> NAME OF OFFICER (PLEASE PRINT)
<b>05/08/2018</b> DATE	<b>05/08/2018</b> DATE