

OBTS Number				ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-</b>				<b>17-066547</b>				
ChargeType: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Weapon Seized / Type <b>2 1. Yes 2. No</b>		Multiple Clearance Indicator <b>02</b>						
Location of Arrest (Including Name of Business) <b>16763 ALEXANDER RUN JUPITER, FL 33478</b>				Location of Offense (Business Name, Address) <b>1280 N CONGRESS AVE ,210 WPB, FL 33409</b>								
Date of Arrest <b>4:30</b>		Time of Arrest <b>4:30</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>MIZELL, SCOTT</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>W M</b>	Date of Birth <b>06/29/1971</b>	Height <b>5-10</b>	Weight <b>180</b>	Eye Color <b>BLUE</b>	Hair Color <b>BRN</b>	Complexion <b>MED</b>	Build <b>MED</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>1800 WABASSO DR WP, FL 33409</b>				(City)	(State)	(Zip)	Phone <b>(561) 722.1371</b>		Residence Type: 1. City 2. County			3. Florida 4. Out of State
Permanent Address (Street, Apt. Number) <b>1800 WABASSO DR WP, FL 33409</b>				(City)	(State)	(Zip)	Phone <b>(561) 772.1371</b>		Address Source <b>FLDL</b>			
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone <b>( )</b>		Occupation			
D/L Number, State <b>M240-796-71-229-0</b>			Soc. Sec. Number <b>[REDACTED]</b>		INS Number			Place of Birth (City, State) <b>FLORIDA</b>		Citizenship <b>USA</b>		
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 checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) <b>[REDACTED]</b>			(First)	(Middle)		Residence Phone <b>( )</b>				
Address (Street, Apt. Number)						(City)	(State)	(Zip)	Business Phone <b>( )</b>			
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 provided by <input type="checkbox"/> defendant and / or <input checked="" 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						
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 O. Opium/Deriv.	P. Paraphernalia/ Equipment Q. Synthetics	U. Unknown Z. Other		
Charge Description <b>VIOL. OF NO CONTACT ORDER DOMESTIC VIOLENCE INJUNCTION</b>				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>741.31(4)</b>			Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense # <b>17-066547</b>	Warrant / Capias Number								
Charge Description <b>STALKING (AGAINST AN INJUNCTION)</b>				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.048(4)</b>			Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number								
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input 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 type="checkbox"/> N	Statute Violation Number			Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number								
Location (Court, Room Number, Address)												
Court Date and Time Month <b>Day</b> Year <b>Time</b> AM <b>PM</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						
HOLD for other Agency Name:				Signature of Arresting Officer <b>[Signature]</b>				Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) <b>D/5 S. DEVRIEND 7056</b>				(PRINT)				
Intake Deputy		I.D. #	Pouch #	Transporting Officer		ID #	Agency					
PAGE <b>1</b> OF <b>1</b> Witness here if subject signed with an -X"												

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-</b>	<b>17-066547</b>				
DEF	ChargeType: Check as many as apply. 1. Felony 2. Traffic Felony	1. Felony 3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:				
CHARGES	Name (Last, First, Middle) <b>MIZELL, SCOTT</b>	Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/29/1971</b>		
CHARGES	Charge Description <b>VIOL. OF NO CONTACT ORDER DOMESTIC VIOLENCE INJUNCTION 741.31(4)</b>	Charge Description <b>STALKING (AGAINST AN INJUNCTION) 784.048(4)</b>						
VICTIM	Charge Description	Charge Description					Sex	Date of Birth
VICTIM						Address Source <b>VERBAL</b>		
VICTIM						Occupation ( )		
<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>								
<p>On the <u>19TH</u> day of <u>APRIL</u> <u>20 17</u> at <u>4:30</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p>On April 18, 2017 I was dispatched to [REDACTED] in reference to a domestic dispute. Upon arrival make contact with the complainant [REDACTED] [REDACTED] no contact order for the domestic violence against a Mr Scott Mizell. [REDACTED] order of protecting which prohibited Mr. Mizell from contacting [REDACTED] Mr. Mizell reacted to [REDACTED] [REDACTED] Mr. Mizell blocked on [REDACTED] but however due to a new [REDACTED], he could react to an old [REDACTED] advised that on 04/17/2017 [REDACTED] [REDACTED] Mr. Mizell, because [REDACTED] [REDACTED] Mr. Mizell's mother attempted [REDACTED] [REDACTED] even though they did not know each other. [REDACTED] an attempt by Mr. Mizell to [REDACTED] completed a sworn written statement detailing The incident. I advised [REDACTED] that I would file a violation of a protection order charge against Mr. Mizell through the state attorneys office.</p>								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><b>D/S S. DEVRIEND 7056</b></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>19TH <u>APRIL</u> <u>20 17</u> by <u>D/S S. DEVRIEND 7056</u></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ by _____ personally known</p> <p>(Print name of Arresting/Investigative Officer) _____ who is personally known to me and/or produced identification. Type of identification produced _____</p> <p><b>D/S S. DEVRIEND 7056</b></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>								
ADMINISTRATIVE	PAGE <b>1</b> OF <b>1</b>							