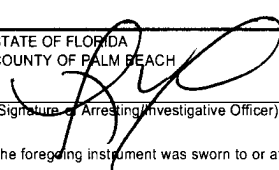
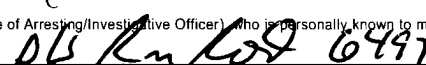


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ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile		
	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency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

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 FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-17-066547				
	ChargeType: Check as many as apply.		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 <input type="checkbox"/>		Special Notes:				
DEF	Name (Last, First, Middle) MIZELL, SCOTT				Alias		Race W	Sex M	Date of Birth 06/29/1971
	Charge Description VIOL. OF NO CONTACT ORDER DOMESTIC VIOLENCE INJUNCTION 741.31(4)				Charge Description STALKING (AGAINST AN INJUNCTION) 784.048(4)				
CHARGES	Charge Description				Charge Description				
VICTIM					Sex		Date of Birth		
					Address Source VERBAL		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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the <u>19TH</u> day of <u>APRIL</u> 20 <u>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>On April 18, 2017 I was dispatched to [REDACTED] in reference to a domestic dispute. Upon arrival make contact with the complainant [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] 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] Mr. Mizell, because [REDACTED] Mr. Mizell's mother attempted [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>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH  D/S S. DEVRIEND 7056 (Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>19TH</u> day of <u>APRIL</u> 20 <u>17</u> by <u>D/S S. DEVRIEND 7056</u> (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced <u>personally known</u>  Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								