

18CT2443 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18-034526		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	
	Charge Type: Check as many as apply:	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" 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		01			
	Location of Arrest (Including Name of Business) 1000 SOUTHERN BLVD RPB, FL 33411				Location of Offense (Business Name, Address) 1000 SOUTHERN BLVD RPB, FL 33411							
	Date of Arrest 02/04/2018	Time of Arrest 0423	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Release to passenger					
Name (Last, First, Middle) NASIFF SEAN B											Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 10/14/1988	Height 6-03	Weight 205	Eye Color Brn	Hair Color Brn	Complexion Tan	Build Large				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status Single	Religion CATHOLIC	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 14529 Larkspur Lane			(City) Wellington, FL	(State) FL	(Zip) 33414	Phone (561) 365-5425		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source FL DL				
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation Self-Employed				
D/L Number, State N210782883740/ FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Miami, FL		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 type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other			Address (Street, Apt. Number)			(City)	(State)	(Zip)	Residence Phone ()			
Notified by: (Name)			Date	Time	Juv. 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 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.						School Attended		Grade				
<input type="checkbox"/> Yes, by: (Name)			<input type="checkbox"/> No: (Reason)			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 S. Synthetics	U. Unknown Z. Other		
Charge Description DUI			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #					
Drug Activity N	Drug Type N	Amount / Unit	Offense # 18-034526	Warrant / Capias Number		Bond						
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		Bond						
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		Bond						
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		Bond						
Location (Court Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996												
Court Date and Time Month 03 Day 01 Year 2018 Time 8:30 AM <input checked="" type="checkbox"/> PM												
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I 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 02/04/2018		
HOLD for other Agency Name:			Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Print Name) SCANNED						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) Cpl. Thomas Walton #6942		I.D. # 6942		(PRINT) FEB 07 2018						
Intake Deputy		I.D. #	Pouch #	Transporting Officer Cpl. Thomas Walton		ID # 6942		Agency PBSO		Witness here if subject signed with an "X" 1 OF 1		