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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 NTA.		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 16-148198					
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		If Weapon Seized		Multiple Clearance Indicator							
Location of Arrest (including Name of Business) 5130 LAS VERDES CIRCLE						Location of Offense (Business Name, Address) SAME					
Date of arrest 11/05/2016		Time of Arrest 11:31am		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) BUNKER, SOPHIA						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 11/29/1982		Height 5'5		Weight 120		Eye Color BROWN	
Hair Color BROWN		Complexion LIGHT		Build SKINNY							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Religion		Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) 5130 LAS VERDES CIR		(City) DELRAY BCH		(State) FL		(zip) 33484		Phone (561) 693-7885		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)						(City)		(State)		(zip)	
Business Address (Name, Street)						(City)		(State)		(zip)	
D/L Number, State B526-780-82-929-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) WICHITA, KS		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		Name (Last)		(First)		(Middle)		Residence Phone		()	
Address (Street, Apt. Number)		(City)		(State)		(zip)		Business Phone		()	
Notified by: (Name)				Date		Time		Juvenile Disposition Handled/processed within Dept. and Released.		2. TOT HRS/DYS 3. Incarcerated	
Released To: (Name)				Relationship				Date		Time	
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 355-2526) informed of any change of address. Yes, by: (Name) No: (Reason)								School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property					
Activity N. N/A S. Sell B. Buy P. Possess 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/ U. Unknown Equipment S. Synthetic Z. Other							
Charge Description DOMESTIC BATTERY		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1A1)		Warrant / Capias Number		Bond	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 16-148198		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Bond	
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		Warrant / Capias Number		Bond	
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		Warrant / Capias Number		Bond	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)											
Court Date and Time											
Month Day Year Time A.M. P.M.											
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 FULLY 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 X <i>[Signature]</i>				Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(PRINT)			
Intake Deputy <i>[Signature]</i>				Transporting Officer <i>[Signature]</i>				Witness here if suspect signed with an 'X'			

PBSO 4958

NOV 5 PM 1:42

SCANNED

