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17MM1689

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ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1

Juvenile

N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17-037575		
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 N/A		Multiple Clearance Indicator 0 1				
Location of Arrest (Including Name of Business) 677 MANGO DRIVE WEST PALM BEACH/FL/33415		Location of Offense (Including Name of Business) 677 MANGO DRIVE WEST PALM BEACH/FL/33415						
Date of Arrest Feb 9, 2017	Time of Arrest 1210	Booking Date Feb 9, 2017	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A		
Name (Last, First, Middle) GARCIA SULAYNIE J		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 02/16/1998	Height 5'4"	Weight 95	Eye Color BRO	Hair Color BRO	Complexion LIGHT	Build THIN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status SINGLE		Religion NONE		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) 677 MANGO DRIVE WEST PALM BEACH FL 33415		State FL		Zip 33415		Phone 561-633-8652		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number) SAME AS LOCAL		City		State		Zip		Address Source INCIDENT LOCATION
Business Address (Street, Apt. Number)		City		State		Zip		Occupation UNEMPLOYED
DA Number, State G-620-790-98-556-O, FL		Social Security		INS Number		Place of Birth WEST PALM BEACH, FL		Citizenship YES
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Name (Last, First, Middle)		Phone						
Address (Street, Apt. No.)		City		State		Zip		Business Phone
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRSDAYS 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. This child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change. <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		Counts 01		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)		Violation or ORD. #
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 17-037575		Warrant/Capias Number 17-037575
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
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Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Location (Court, Address, Room Number)								
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>								
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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						
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer D/S CAMPBELL ID # 12420		Name Verification (Printed by Arrestee) (PRINT)		Page 1		
Intake Deputy D/S T. BURNSIDE #5406		Transporting Officer D/S CAMPBELL ID # PBSO		Agency PBSO		Witness here if subject is not with you		

SCANNED

FEB 10 2017

VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-037575 Agency: Palm Beach County Sheriff's Office
Offense: BATTERY - SIMPLE
Suspect/Offender: GARCIA SULAYNIE J
DOB: 02/16/1998 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: [REDACTED] DOB: 08/16/1998 Race: W Sex: M
Address: [REDACTED]
City: [REDACTED] State: FL Zip: 33415
Home #: [REDACTED] Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: LONNIE SANTOS
Address: 677 MANGO DRIVE
City: WEST PALM BEACH State: FL Zip: 33415
Home #: 561-729-7949 Work #: _____ Other #: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request

(Check applicable boxes)

- ☐ Waiver: I choose not to be notified when the arrestee is released from custody.
- ☐ Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S CAMPBELL ID #: 12420 Date: Feb 9, 2017

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records