

0497009 18MM3711

3422

OBTS Number		ARREST / NOTICE TO APPEAR			1. Arrest	3. Request for Warrant	1	Juvenile	N		
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.			Agency Report Number (N.T.A.'s only) 7 8 - 118 - 001 987 ()						
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 Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 11019 Legacy Ln Apt. 203 Palm Beach Gardens FL					Location of Offense (Business Name, Address) 11019 Legacy Ln Palm Beach Gardens FL						
Date of arrest 033018		Time of Arrest 0000		Booking Date		Booking Time		Jail Date			
Name (Last, First, Middle) CLARK, Suzanne, Elizabeth					Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black		Sex W F		Date of Birth 092173		Height 5'5"		Weight 150			
Eye Color Green		Hair Color Brown		Complexion Fair		Build Sm					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Right Foot - Flower					Marital Status Single		Religion N/A		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/>		
Local Address (Street, Apt. Number) 11019 Legacy Ln Apt. 203 Palm Beach Gardens FL 33410					Phone (561) 275-4577		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1		
Permanent Address (Street, Apt. Number)					Phone		Address Source N/CIC/FLIC				
Business Address (Name, Street)					Phone		Occupation				
D/L Number, State C462785735010		Soc. Sec. Number		INS Number		Place of Birth (City, State) Hershey PA		Citizenship US			
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		
Parent Legal Custodian Name (Last, First, Middle)					Address (Street, Apt. Number)		City		State		
Address (Street, Apt. Number)					City		State		Zip		
Notified by: (Name)					Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 3. Incarcerated		
Released To: (Name)					Relationship		Time		VICTIM NOTIFICATION REQUIRED		
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (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 S. Sell B. Buy P. Possess		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 F. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other					
Charge Description Simple Battery (Touch or Struck)		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784103		Violation of ORD # (1)(1)(1)			
Drug Activity N/A		Drug Type N/A		Amount / Unit		Offense # 18001987		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	
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.					Location (Court, Room Number, Address)						
<input 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.					Court Date and Time Month Day Year Time P.M.						
Signature of Defendant (or Juvenile and Parent / Custodian)					Date Signed						
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature] 466			Name Verification (Printed by Arrestee) MAR 30 2018						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) V. Redding			(PRINT) 466						
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer V. Redding 466			I.D. # 466						
Inmate Deputy THOMAS 2950		Pouch #			Agency P86 PD						
Witness here if subject signed with an "X"					PAGE 1 OF 1						

