

J#0482949 Rec 2789 p 75

ARREST / NOTICE TO APPEAR

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

JUVENILE

OBTS Number				ARREST / NOTICE TO APPEAR				1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias																																											
Agency ORI Number		Agency Name		Agency Report Number (NTA's only)				1 JUVENILE																																											
0501700		Jupiter Police Department		5 4 16-005596																																															
Charge Type Check as many as apply		<input type="checkbox"/> 1 Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other				If Weapon Seized Enter Type NONE				Multiple Clearance Indicator 01																																									
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)																																															
405 SCHOOL HOUSE RD, JUPITER FL				250 QUARRY KNOLL WAY, JUPITER, FL 33458																																															
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time																																									
11/21/2016		23:36		11/21/2016		23:50																																													
Alias (Name, DOB, Soc. Sec. #, Etc.)																																																			
Name (Last, First, Middle) GORRIN, VERONICA																																																			
Alias:																																																			
Race		Sex		Date of Birth		Height		Weight		Eye Color																																									
W-White		F		10/29/1983		5'03		100		BROWN																																									
B-Black		C-Other/Asian								BLACK																																									
Martial Status Religion S																																																			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																																																			
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone																																																			
405 SCHOOLHOUSE RD, JUPITER, FL 33458																																																			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone																																																			
405 SCHOOLHOUSE RD, JUPITER, FL 33458																																																			
Business Address (Name, Street) (City) (State) (Zip) Phone																																																			
DOL Number, State		Soc. Sec. Number		INS Number				Place of Birth (City, State)		Citizenship																																									
G650860838890 / FL								VENEZUEALA																																											
Race Sex Date of Birth																																																			
Co-Defendant Name (Last, First, Middle)										<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor																																									
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Name (Last, First, Middle)																																																			
Residence Phone																																																			
<input type="checkbox"/> Parent <input type="checkbox"/> Other																																																			
<input type="checkbox"/> Legal Custodian										Business Phone																																									
Address (Street, Apt. Number) (City) (State) (Zip)																																																			
Notified by (Name) Date Time JUVENILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT JAC 3 Incarcerated																																																			
Released To (Name) Relationship Date Time																																																			
School Attended Grade																																																			
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.																																																			
<input type="checkbox"/> Yes by <input type="checkbox"/> No <table border="1"> <tr> <td colspan="2">Property Crime?</td> <td colspan="2">Description of Property</td> <td colspan="2">Value of Property</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>												Property Crime?		Description of Property		Value of Property		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																	
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																			
Drug Activity S. Sell R. Smuggle K. Dispenses/ M. Manufacture/ 2. Other N. V.A. B. Buy D. Deliver Distribute Produce/ Cultivate																																																			
Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ N.M.A. C. Cocaine M. Marijuana Equipment U. Unknown P. Possess E. Heroin O. Opium/Derv S. Synthetic Z. Other																																																			
Charge Description ACCIDENT - W/ PROPERTY DAMAGE, LEAVING THE SCENE Statute Violation Number 316.061(1) Violation of ORD # OC																																																			
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond																																																			
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Health / Apparent Physical Condition of Defendant Any knowledge of the following Explain																																																			
<table border="1"> <tr> <td colspan="2">Check which applies</td> <td colspan="2"><input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail</td> <td colspan="2">PROPERTY - Received By</td> <td colspan="2">Released By</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Posted Bond</td> <td colspan="2"><input type="checkbox"/> South County Mental Health</td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>												Check which applies		<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		<input type="checkbox"/> Posted Bond		<input type="checkbox"/> South County Mental Health																													
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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 WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT 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 Signature of Arresting Officer Andrew Borrows Name Verification (Printed by Arrestee) SCANNED NOV 22 2016																																																			
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<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> CRIME ANALYSIS <input type="checkbox"/> P.I.O. <input type="checkbox"/> DEFENDANT																																																			