

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

3

Juvenile

ADMINISTRATIVE	OBTS Number	Agency ORI Number FL0501200		Agency Name GREENACRES DEPT. OF PUBLIC SAFETY		Agency Report Number (N T A 's only) 4210214029					
	Charge Type Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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			
DEFENDANT	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address) Roadhouse Grill, 3887 Jog Rd, Greenacres, FL 33463						
	Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
CO-DEF.	Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Race W - White B - Black	Sex M - Male F - Female		Date of Birth 080983		Height 5'7"	Weight	Eye Color	Hair Color	Complexion	Build
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status Single		Religion Hindu		Indication of Alcohol Influence Drug Influence	
	Permanent Address (Street, Apt. Number) Same			(City)	(State)	(Zip)	Phone		Address Source		
CODE	Citizenship										
	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
CHARGE	<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						
CHARGE	Notified by (Name)			Date	Time	Juvenile Disposition 1 Handled/Processed within Dept. and Released		2 TOT HRS/DYS 3 Incarcerated			
	Released To (Name) Relationship				Date	Time					
CHARGE	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.						School Attended		Grade		
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property					
CHARGE	Drug Activity	S Sell	R Smuggle	K Dispense/Distribute	M Manufacture/Produce/Cultivate	Z Other	Drug Type	B Barbiturate	H Hallucinogen	P Paraphernalia/Equipment	U Unknown
	N N/A	B Buy	D Deliver				N N/A	C Cocaine	M Marijuana	S Synthetic	2 Other
CHARGE	Charge Description Grand Theft		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 812.011(1)(2)(c)		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <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. I FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT.			Court Date and Time		Month Day Year		P.M.			
ADMIN	Signature of Defendant (or Juvenile and Parent/ Custodian)			Signature of Arresting Officer		Name Verifier		WILLFULLY BE ISSUED			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Re-arrested <input type="checkbox"/> Other		Name of Arresting Officer (Print)		I.D. #		AGE		
Intake Deputy		I.D. #	Pouch #	Transporting Officer		I.D. #	Agency		Witness here if subject signed with an "X"		

EXHIBIT  
7

PROBABLE CAUSE AFFIDAVIT

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

3

Juvenile

OBTS Number	Agency ORI Number FL0 5 0 1 2 0 0	Agency Name GREENACRES DEPT. OF PUBLIC SAFETY	Agency Report Number 4 2 1 10 2 1 4 0 2 9
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other

Charge Description	Charge Description
--------------------	--------------------

Victim's Name (Last, First, Middle) Roadhouse Grill	Race N	Sex N	Date of Birth N/A
Local Address (Street, Apt. Number) Same as below	(City) Greenacres	(State) FL	(Zip) 33463
Business Address (Name, Street) 3887 Jog Rd	(City) Greenacres	(State) FL	(Zip) 33463
Phone ( ) -	Phone (561) 913-7182	Address Source	Occupation Food Services

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law

committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the 3 day of March 2002 at 7:45  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

On 03/04/02 at 11:05 hours I was dispatched to 3887 Jog Rd. in reference to a theft. Upon my arrival I made contact with Jamie A. Melson, manager of Roadhouse Grill. Jamie stated that at approximately 1945 hours an employee (server) W/F [REDACTED] left work early with money in sum of \$313.84, which was to be turned in for purchases made at the restaurant. Roberts was not given permission to leave work early, and several attempts were made to contact her at home with negative results.

I talked to Jamie and he said that the servers were responsible for turning in all money received for purchases during their shift at the end of their shift. The total amount of money was kept track of by computer from entries made by Roberts throughout the evening. Jamie also stated that Roberts boyfriend an unknown W/M made several phone calls to her throughout the night. At the above stated time Roberts left work with her boyfriend.

The total value taken was \$313.84 cash money in U.S. Currency.

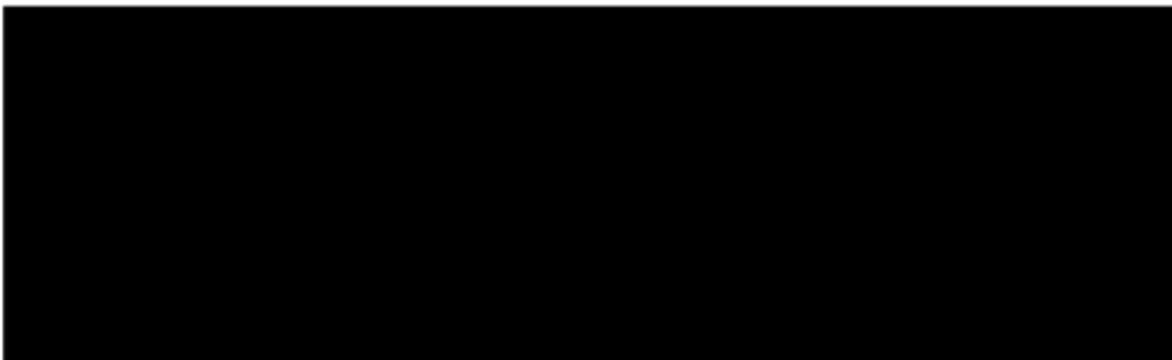
STATE OF FLORIDA COUNTY OF PALM BEACH	THE FOREGOING INSTRUMENT WAS SWORN TO AND SUBSCRIBED BEFORE ME THIS <u>03/04/02</u> (DATE) BY <u>ps0 Rubin #1523</u>
WHO IS PERSONALLY KNOWN TO ME	<u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<u>[Signature]</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<u>ps0 Rubin, J.</u> NAME OF OFFICER (PLEASE PRINT)

IN THE COUNTY COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, FLORIDA

SUMMONS INFORMATION

1) PETIT THEFT 812.014 1 3a (2 M)

TO: THE PALM BEACH COUNTY SHERIFF'S OFFICE



COMPLEXION: \_\_\_\_\_ SCARS/MARKS/TATOOS \_\_\_\_\_

ADDITIONAL INFORMATION/REMARKS: \_\_\_\_\_

**OFFICER AND AGENCY INFORMATION:**

INVESTIGATING OFFICER: OFC. JOSEPH RUBIN, GREENACRES CITY DEPARTMENT  
OF PUBLIC SAFETY, 02-4029

ASSISTANT STATE ATTORNEY \_\_\_\_\_



02 JUN - 3 PM 11:00 AM  
DOROTHY H. WILKEN  
CLERK  
CIR & CO CT SPS & CRIMINAL JUSTICE

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THE COUNTY COURT IN AND FOR PALM BEACH COUNTY, FLORIDA (CRIMINAL DIVISION) AT THE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA, ON JUNE 18, 2002, AT 11:00 AM, TO ANSWER TO AN INFORMATION CHARGING YOU WITH CRIMINAL VIOLATION OF THE LAWS OF THE STATE OF FLORIDA:

PETIT THEFT

YOUR FAILURE TO APPEAR IN RESPONSE TO THIS SUMMONS MAY RESULT IN A WARRANT BEING ISSUED FOR YOUR ARREST.

DATE: MAY 16, 2002

(SEAL)



DOROTHY H. WILKEN, CLERK

BY: *Churlian*  
DEPUTY CLERK

02 SEP - 10 PM 5:00 PM  
DOROTHY H. WILKEN  
CLERK  
CIR & CO CT SPS & CRIMINAL JUSTICE

PERSON SERVED \_\_\_\_\_

SIGNATURE

RECEIVED THIS SUMMONS 21 DAY OF May, 02, AND EXECUTED IT

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_

*NO MACHINES REVEALED  
13425-13525 NOTHING  
Have  
not a working #*

*Edward W. Bieluch*  
EDWARD W. BIELUCH, SHERIFF  
BY: *Full 1830*  
DEPUTY SHERIFF

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, PERSONS IN NEED OF A SPECIAL ACCOMODATION TO PARTICIPATE IN THIS PROCEEDING SHALL, NOT LATER THAN 7 DAYS PRIOR TO THE PROCEEDINGS, CONTACT THE ADMINISTRATIVE OFFICE OF THE COURT, 300 NORTH DIXIE HIGHWAY, RM 300, WEST PALM BEACH, FLORIDA 33401, TELEPHONE (561) 355-2431, 1-800-955-8771 (TDD) OR 1-800-955-8770 (V), VIA FLORIDA RELAY SERVICE.