

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 21002057																	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator																	
Location of Arrest (Including Name of Business) 11300-BLK US HIGHWAY 1, PBG, FL		Location of Offense (Business Name, Address) 11300-BLK US HIGHWAY 1, PBG, FL																			
Date of Arrest 05/12/2021		Time of Arrest 22:56		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407									
Name (Last, First, Middle) WILES, ANDREA, SUZANNE												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 07/22/1970		Height 5'8		Weight 130		Eye Color BRO		Hair Color BLN		Complexion LGT		Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT R ANKLE												Marital Status SINGLE		Religion CATHOLIC		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) 1115 LAKE SHORE DR #205,		(City) LAKE PARK, FL 33403		(State) FL		(Zip) 33403		Phone (561) 632-3231		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2									
Permanent Address (Street, Apt. Number) 1115 LAKE SHORE DR #205,		(City) LAKE PARK, FL 33403		(State) FL		(Zip) 33403		Phone		Address Source											
Business Address (Name, Street) (City) (State) (Zip)								Phone		Occupation											
D/A Number, State W420017707621 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) OLEAN, NY		Citizenship US													
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 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated																			
Released To: (Name) Relationship Date Time																					
The above address 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 (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 T. Traffic		S. Sell B. Buy P. Possess T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Products/ 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/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DRIVING UNDER THE INFLUENCE OVER .08		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(C)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description DUI ENHANCED OVER .15		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(4)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
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 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											
Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700												Court Date and Time Month JUNE Day 16 Year 2021 Time 10:00 AM X PM									
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												Signature of Defendant (or Juvenile and Parent /Custodian) 05/12/2021		Date Signed							
HOLD for other Agency Name:		Signature of Arresting Officer X		Name of Arresting Officer (Print) OFC. ANDREW FLINK		I.D. # 514		Name Verification (Printed by Arrestee) MAY 13 2021		(PRINT)		PAGE 1 OF 1									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer OFC. A. FLINK		ID # 514		Agency PBGPD		Witness here if subject signed with an "X"		1		OF 1							
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)																					

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 12TH day of MAY 2021 at 2231 ☐ AM ☒ PM

Subject: WILES, ANDREA, SUZANNE Case Number: 21002057

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. ANDREW FLINK 514

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

This Officer was dispatched to the area of PGA Blvd and US Highway 1, PBG, FL, in regard to a disabled vehicle. A call was received by dispatch from a woman slurring her words saying she thinks she blew her tire and that her transmission went out on her silver Nissan Rogue. The caller further stated she was on Blue Heron and Congress then said she was in front of a Wallgreens. Officers were sent to the area of PGA and US Highway 1 via dispatch locating the phone through Stage-2 services. This Officer arrived in the area approximately one block South of the intersection, approximately the 11300 block of US Highway 1, PBG, FL. This Officer observed a gray Nissan Rogue (IN8498/FL) in the right turn lane of US Highway 1. The vehicle was completely missing the driver side front tire. This Officer then made contact with the driver and sole occupant of the vehicle, identified via Florida Driver License photo, Andrea Wiles, while she was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Wiles had bloodshot watery eyes, very slurred speech, flushed red face, and the strong obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. Wiles appeared disoriented and dropped items when locating her driver license. While speaking with this Officer, Wiles put her window all the way up and down multiple times, since she was unable to properly operate the button which controlled the window. Wiles ability to maintain a linear conversational also appeared to be very impaired and she repeated herself multiple times.

DRIVER STATEMENTS:

Wiles said she was coming from Twisted Trunk and admitted to consuming one or two glasses of wine on this night. Wiles was unsure what the issue was with her vehicle and was very surprised to see it missing a tire.

ODORS: Unknown alcoholic beverage.

GENERAL OBSERVATIONS

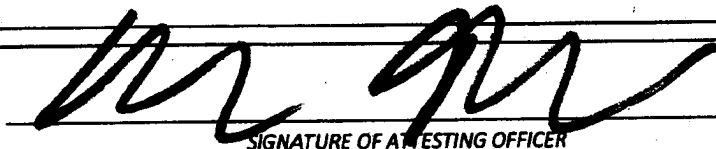
SPEECH: Slow slurred

ATTITUDE: Upset, mood swings

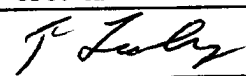
CLOTHING: Blue blouse, blue pants, black shoes.

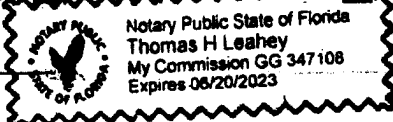
MEDICAL/OTHER: Anxiety

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ARRESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 12th day of May 2021 by
OFC. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced


Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: WILES, ANDREA, SUZANNE

Case Number: 21002057

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Wiles had to be told multiple times to properly follow the stimulus. Throughout the exercise, Wiles was swaying back and forth. This Officer also observed Vertical Gaze Nystagmus in both eyes.

Walk and Turn

When approaching the line, Wiles said "I can't even do this when I'm s....", Wiles stopped short of finishing the sentence. During the instructions, Wiles had great difficulty getting into and remaining in the starting position. More than once, Wiles completely lost her balance and had to brace herself on the wall next to her. Wiles also placed the wrong foot onto the line and had difficulty staying upright when she brought her arms to her sides. Wiles started the exercise multiple times prior to being told to do so, and when she did, she was unable to walk straight and missed heel-to-toe. None of these attempts were counted as actual attempts, by this Officer since this Officer never fully finished providing Wiles with proper instructions. Throughout this time, Wiles became increasingly upset and started exhibiting mood swings. This Officer attempted to advise Wiles of her Taylor Warnings, to which she went back to the line and again could not maintain the starting position.

Wiles repeatedly mentioned she wanted to go home rather than do the exercises. Wiles also asked Officers to stop video taping. Wiles said to Officers "I'm a nurse you cannot arrest me". Based on Wiles unwillingness/inability to do the exercises, she was immediately placed under arrest.

BREATH RESULTS: 1) .241 @ 0004 2) .247 @ 0005 3) - @ - 4) - @ -

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 12th day of May 20 21 by
OFC. ANDREW FLINK 514 who is ☒ personally known to me ☐ produced

Notary Public, Clerk of Court, Officer (FSS 117.10)



Notary Public State of Florida
Thomas H Leahy
My Commission GG 347108
Expires 06/20/2023

STAMP

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Wiles, Andrea S

CASE NUMBER: 21-064943

DATE: May 12, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 2357

ENDING TIME: 0011

BREATH TESTS RESULTS: 1) .241 TIME 0004 A.M. ☒ P.M. ☐ 2) .247 TIME 0008 A.M. ☒ P.M. ☐
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, crying

CLOTHING: blue scrub pants, blue scrub shirt, black sneakers

MEDICAL CONDITIONS: Anxiety, High blood pressure

MEDICATIONS: Klonopin, Seroquel, Atenolol

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2335 hrs

subject refused to perform breath test

A/O read I/C 2X & subject understood I/C

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

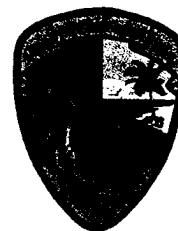
A/O attempted Q&A

subject invoked right to counsel

1057 13 2021



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-064943

PBSO Zone: 3-13

Agency Case #: 21002057

Crash Case #: _____

Incident Information:

Time of Stop/Crash: 2231 Date of Incident: 05/12/2021 Day: WEDESDAY

Location of Incident: 11300-BLK US HIGHWAY 1, PBG, FL

Arrest Information:

Time of Arrest: 22:56 Date of Arrest: 05/12/2021 Day: WEDNESDAY

Location of Arrest: 11300-BLK US HIGHWAY 1, PBG, FL

Subject's Name: (L) WILES, (F) ANDREA, (M) SUZANNE

DOB: 07/22/1970 Race: W Sex: F Height: 5'8 Weight: 130 Hair BLN Eye BRO

Address: 1115 LAKE SHORE DR #205, LAKE PARK, FL 33403 Phone: (561) 632-3231

Arresting Officer's Name: OFC. ANDREW FLINK

ID#: 514

Agency: PBGPD

Division: TRAFFIC - DUI

Breath Results

1) .241 at 0004 hrs.
2) .247 at 0008 hrs.
3) - at - hrs.
4) - at - hrs.

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 2335

Subject Arrest Time: 22:56

Breath Test Operator: LEAHEY 19183

PBSO

MAY 13 2021

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006027 Software: 8100.27
Date of Test: 05/13/2021

Date of Last Agency Inspection: 04/09/2021
Observation Period Began: 23:35
Subject's Name: ANDREA S WILES

DOB: 07/22/1970 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	00:02
Air Blank	0.000	00:02
Control Test	0.080	00:03
Air Blank	0.000	00:03
Subject Sample #1	0.241	00:04
Air Blank	0.000	00:05
Air Blank	0.000	00:06
Subject Sample #2	0.247	00:08
Air Blank	0.000	00:09
Control Test	0.077	00:09
Air Blank	0.000	00:10
Diagnostics Check	OK	00:10

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: T Leahey

Signature

Date: 05/13/21

Sworn to (or affirmed) before me this 13 day of May, 2021

Signature of Notary Public-State of Florida

DEA Fink #514
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: W/ps. Andrea S

CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Wiles, Andrea S

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021011592	Date: 5/13/2021
	Specialist Name/ID: AM/31562