0529908 22CT 3705 SB 2175

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400 | Agency Name: Delray Beach Police Department | Agency Report Number (N.T.A.'s only): 4 0 22-002969

Charge Type (Check as many as apply): ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized, Enter Type: UNARMED | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 301 E ATLANTIC AVE,DELRAY BEACH,FL33444

Location of Offense (Business Name, Address): 301 E ATLANTIC AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/05/2022	00:14	03/05/2022	02:02	/ / : :		

DEFENDANT

Name (Last, First, Middle): ANNETT, ANDREW SCOTT | Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	06/11/1997	5'06	130	GREEN	BLOND	Light	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status | Religion: NOT INDICA | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 619 DIVISION ST, BARRINGTON, IL 60010 | Phone: (224) 545-0114 | Residence Type: 1. City 3. Florida 2. County 4. Out of State: 4

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 619 DIVISION ST, BARRINGTON, IL 60010 | Phone: (224) 545-0114 | Address Source: IL DL

Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
A53001797166 OLC/D*/	[redacted]		JUNCTION CITY, OR	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian | 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 Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship | Date | Time

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses/ Distribute, M. Manufacture/ Produce/ 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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DRIVING WHILE UNDER INFLUENCE	316.193(1)A	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	22-002969	1	☐ Y ☒ N		

1-

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain.

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / | Time Transported : : | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 03/31/2022 08:30:00

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.

X Andrew Annett — Signature of Defendant (or Juvenile and Parent/Custodian) | 3/5/22 — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency | Signature of Arresting Officer | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): MORALES, WILLIAM | I.D. #: 1146

Issue Deputy: Barillo | I.D. #: 6342 | Pouch # | Transporting Officer: MORALES | I.D. #: 1146 | Agency: DBPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE ~~05~~ 04 DAY OF 03 20 2022, AT ~~01:3~~ 0332 ☐AM ☑PM

SUBJECT: Andrew Scott Annett CASE NUMBER: 22-2969

AGENCY: DBPD ARRESTING OFFICER: Morales 1146

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Witness Amanda Sniegowski stated in a sworn statement captured on BWC that she observed Andrew Annett attempt to pull into a parking space. She stated she watched him strike both parked vehicles on the left and right side of the spot he was trying to pull into. Amanda also stated it was Andrew who she observed driving the vehicle. It should also be noted that the spot Andrew was attempted to enter was not even a parking space. There were two large orange lines indicating that it was not a parking space. The vehicles that Andrew struck were properly parked in their respective parking spaces. Another Witness Philip E Garvey who is the owner of one of the vehicles that was struck by Andrew. Philip provided a sworn statement captured on BWC and in his statement he stated the following: Philip was walking in the parking lot when he saw Andrew try to fit in between both parked vehicles. Philip observed Andrew strike both vehicles and then drive over the curb that was in front of the parking spaces. Philip than stated that Andrew who was speaking with Ofc Bruno was the driver of that vehicle.

OBSERVATION OF DRIVER:

Andrew was outside of the car and began speaking with me. His eyes were halfway open and were never fully open.

DRIVER'S STATEMENTS:

Andrew asked tons of random questions and made random statements to Officers such as asking which Officer was driving a particular vehicle. Andrew than randomly stated that "this is Delray not Boca." Andrew asked numerous times to Officers if there was anything he can do. I was writing down Andrew's DL information when he randomly stated "my moms at home" when no one asked him about his mother. I also asked him what his address was due to his mother living in FL and him having an Illinois DL I was unsure if he lived here or not. He stated he lived on South Division St but his license said Division St. I then asked him which was it and he could not give me a confident answer or understand my question.

ODORS:

N/A

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING:

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

1146
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 05 day of 03 20 2022 by

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

SUBJECT: Andrew Scott Annett **CASE NUMBER** 22-2969

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☐ LT EYE-LACK OF SMOOTH PURSUIT
- ☐ RT EYE-LACK OF SMOOTH PURSUIT
- ☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

While I was moving the stimulus he was moving his head even though he was instructed to follow the stimulus with his eyes and eyes only.

WALK & TURN:

While I was trying to explain the task Andrew kept talking and looking away from me to his left. Before he began the task, he started repeating his story about what occurred prior to the crash after he had already explained it. Andrew then continued state random excuses such as he is overweight and that he ran a lot in high school. Andrew then began the task with his right hand in his pocket and his steps were not heel to toe. He was instructed to have both hands down his side and to take heel to toe steps. The second set of steps Andrew also did not walk heel to toe as he was instructed to numerous times.

ONE LEG STAND:

I instructed Andrew numerous times how to perform this task which he acknowledge he understood and was ready to begin. Andrew kept his hands in his pockets during the task even though he was instructed to have his hands down his side. Andrew did not lift his foot six inches off the ground rather he had it barely off the ground approximately 1-2 inches off the ground. When Andrew verbalized 10013 his foot touched the ground, on step 10018 Andrew finally took his hands out of his pockets, and the placed his foot back on the ground.

FINGER TO NOSE:

On the second verbalized directional of "right", Andrew kept his hand down at his side with all fingers outward instead of just his index/pointer finger as instructed numerous times. From directionals 3-6, Andrew kept both hands down his side with all his fingers pointed outward instead of just his index finger pointed outward as he was instructed numerous times.

ROMBERG ALPHABET:

Andrew decided to mention that he ran a lot in high school and I asked him how long ago that was and he stated seven years. He then verbalized numbers 30-60 as instructed.

BREATH TEST RESULTS: | 1) 0.85 | 2) 0.85 | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 05 day of 03 20 2022 by

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

Notary Public, Clerk of Court, Officer (F.S S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

WITNESS LIST

CASE NUMBER: 22-2969

ARRESTING OFFICER: Officer Morales 1146
ADDRESS: 300 W Atlantic Ave, Delray Beach, Palm Beach County, FL 33444
PHONE NUMBERS (HOME): ______ (WORK) 561-243-7800
CAN TESTIFY TO: This case

NAME: Office Bruno 1195
ADDRESS: 300 W Atlantic Ave, Palm Beach County, FL 33444
PHONE NUMBERS (HOME) ______ (WORK) 561-243-7800
CAN TESTIFY TO: This case

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

SUBJECT: _____ 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)_____

TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC. MORALES #1146

SUBJECT: ANNETT, ANDREW S.

CASE NUMBER: 22-042875

DATE: 03-05-22

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:15 HRS

ENDING TIME: 01:31 HRS

BREATH TESTS RESULTS: 1) .085 TIME 01:24 A.M.☒ P.M.☐ 2) .085 TIME 01:27 A.M.☒ P.M.☐

3) TIME A.M.☐ P.M.☐ 4) TIME A.M.☐ P.M.☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: CALM, COOPERATIVE, TALKATIVE, INQUISTIVE

CLOTHING: SHIRT- PURPLE SHORTS- GRAY

MEDICAL CONDITIONS: MENTAL PROBLEMS

MEDICATIONS: OTC

OTHER:

EYES:RED, GLASSY, DIALATED

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O MORALES #1146
A/O REQUESTED THE BREATH TEST.
D REFUSED THE REQUEST AT FIRST.
A/O READ THE IMPLIED CONSENT TO THE D ON CAMERA.
D DECIDED TO SUBMIT AFTER THE I/C WAS READ TO HIM.
D COMPLETED THE TEST CORRECTYLY.
EXPLAINED THE RESULTS TO THE D.
C/W READ ON CAMERA, D REFUSED Q&A.

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: 80-006029 Software: 8100.27
Date of Test: 03/05/2022

Date of Last Agency Inspection: 02/04/2022
Observation Period Began: 00:50
Subject's Name: ANDREW S ANNETT DOB: 06/11/1997 Sex: M

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	01:22
Air Blank	0.000	01:22
Control Test	0.081	01:22
Air Blank	0.000	01:23
Subject Sample #1	0.085	01:24
Air Blank	0.000	01:25
Air Blank	0.000	01:27
Subject Sample #2	0.085	01:27
Air Blank	0.000	01:28
Control Test	0.080	01:28
Air Blank	0.000	01:29
Diagnostics Check	OK	01:29

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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 SHARI L O'NEAL, 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: S O'Neal Date: 03/05/22
Signature

Sworn to (or affirmed) before me this 05 day of March, 2022

1146 Ofc Morales # 1146
Signature of Notary Public-State of Florida 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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

SUBJECT: _____ 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: _____

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022005889	**Date:** 3/6/2022
	Specialist Name/ID: M. Tooks #8557