

0480614

21CT 7188

2886

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBT Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 21-005363		
D E F E N D A N T	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator 1				
	Location of Arrest (Including Name of Business) 1600 S FEDERAL HWY DELRAY BEACH, FL				Location of Offense (Business Name, Address) 1600 S FEDERAL HWY, DELRAY BEACH, FL 33483				
	Date of Arrest 04/30/2021	Time of Arrest 00:53	Booking Date 04/30/2021	Booking Time 01:03	Jail Date 04/30/2021	Jail Time 03:22	Location of Vehicle 1600 S FEDERAL HWY		
J U V E N I L E	Name (Last, First, Middle) MC CLELLAN, ANTHONY WAYNE								
	Alias: MC CLELLAN, ANTHONY WAYNE								
	Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 09/18/1981	Height 6'00	Weight 200	Eye Color BLUE	Hair Color BROWN	Complexion FAIR	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status U	Religion NON-DENOMI	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 4233 W HILLSBORO BLVD 970708, COCONUT CREEK, FL 33073				Phone (201) 961-4762		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3		
	Permanent Address (Street, Apt. Number) 4233 W HILLSBORO BLVD 970708, COCONUT CREEK, FL 33073				Phone (201) 961-4762		Address Source FL DL		
	Business Address (Name, Street) 4233 W HILLSBORO BLVD 970708, COCONUT CREEK, FL 33073				Phone (201) 961-4762		Occupation		
	DL Number, State M244019813380 / FL		Sur. Sec. Number [REDACTED]		INS Number 1500K		Place of Birth (City, State) IN, United States		
	Citizenship US								
	C O D E F	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<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		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<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				
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 <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	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	Value of Property	
Drug Activity N. N/A P. Possess S. Sell T. Traffic 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 E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia Equipment S. Synthetic U. Unknown Z. Other				
Charge Description DRIVING WHILE UNDER INFLUENCE					Statute Violation Number 316.193(1)(A)		Violation of ORD #		
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond	
	Charge Description					Statute Violation Number		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond	
C H A R G E	Charge Description					Statute Violation Number		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond	
	Charge Description					Statute Violation Number		Violation of ORD #	
I N T A R K E	Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					PROPERTY - Received By Explain:			
	Transported by					Date Transported	Time Transported	Other	
N O T I C E	<input checked="" 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 Page 2.					Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 05/27/2021 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.					No Photo Available			
	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed			
A D M I N	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) WINDSOR, NICHOLAS		ID # 1029		(PRINT) MAY 01 2021		
	Inmate Deputy Dung...		ID #	Pouch #	Transporting Officer WINDSOR	ID # 1029	Agency DBPD	Witness here if subject signed with an "X"	

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30th DAY OF April, 20 21, AT 0030 ☒ AM ☐ PM
SUBJECT: MCCLELLAN, ANTHONY WAYNE CASE NUMBER: 21-005363
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 04/30/21 at 0030hrs I was traveling west in the 300 block SE 1st St. and observed a black 2013 Kia Optima (FL Tag #602YKB) exit the parking garage located at 33 SE 3rd Ave. The Kia turned left (east) onto SE 1st St. and crossed the double yellow line entering the westbound travel lane. I had to slow my marked DBPD patrol vehicle to avoid a collision with the Kia. I turned around and followed the Kia which made a right turn (south) onto SE 5th Ave. The Kia was traveling in the outside travel lane and I established a pace of speed in the 600 block of SE 5th Ave. I paced the Kia at 53mph in a posted 35mph speed zone while maintaining a constant distance between vehicles. I observed the Kia leave the outside travel lane and travel into the bicycle lane. The Kia would then re-enter the outside travel lane and travel partially into the inside travel lane. The Kia did this several times prior to the traffic stop. I activated my emergency lights of my patrol vehicle and conducted a traffic stop in the 1600 block of S. Federal Hwy. I met with the white male driver and identified him by his FL DL as Anthony Wayne McClellan. McClellan was sitting in the driver seat with the vehicle engine running and the vehicle key fob in his possession. There was nobody else inside the Kia.

OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from McClellan. McClellan's eyes were red and had a glassy appearance. McClellan was sensitive to light and made several complaints about bright light. McClellan's dexterity was slow and he appeared to be drowsy. McClellan speech was slurred and thick while he was speaking.

DRIVER'S STATEMENTS:

McClellan stated he started driving in Boca Raton, FL. McClellan stated he was on his way home in Coconut Creek, FL. when he was stopped. I questioned McClellan if he knew what city he was in and he replied "Delray Beach". I asked McClellan what he had been doing in Delray Beach and he replied he was on his way home. I asked McClellan how much he had to drink tonight and he replied "a little bit". McClellan would not state how much "a little bit" was or what it was. McClellan stated he did not have any medical conditions, take any prescription medications or over the counter medications prior that would affect his ability to operate a motor vehicle. I requested McClellan perform roadside tasks and he refused. I advised McClellan of Taylor Warning and had to explain Taylor Warning in depth before McClellan stated he understood. After Taylor Warning was advised, McClellan again refused to perform roadside tasks.

ODORS:

I smelled an odor of an unknown alcoholic beverage coming from McClellan.

GENERAL OBSERVATIONS

SPEECH: Slurred and Thick

ATTITUDE: Polite

CLOTHING: Gray Shirt, Blue Pants and Black Shoes

MEDICAL/OTHER: None Stated

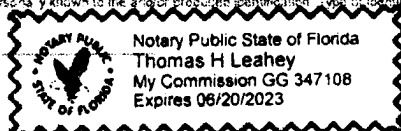
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of April, 20 21 by Ofc. Windsor #1029

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

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



30 APR 2021
MAY 01 2021

SUBJECT: MCCLELLAN, ANTHONY WAYNE

CASE NUMBER DBPD #21-005363

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:

Mcclellan refused to perform roadside tasks.

WALK & TURN:

Mcclellan refused to perform roadside tasks.

ONE LEG STAND:

Mcclellan refused to perform roadside tasks.

FINGER TO NOSE:

Mcclellan refused to perform roadside tasks.

ROMBERG ALPHABET:

Mcclellan refused to perform roadside tasks.

BREATH TEST RESULTS: 1) .200 2) .196 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

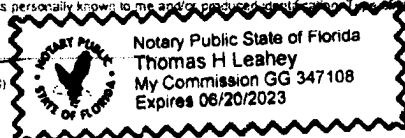
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of April 21 by Ofc. Windsor #1029

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

Known

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



MAY 01 2021

WITNESS LIST

CASE NUMBER: DBPD #21-005363

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC VIOLATIONS & DUI PC

NAME: OFC. MITCHELL #947 DBPD

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: BACKUP OFFICER & VEHICLE TOW

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 _____

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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: _____

SCANNED
MAY 01 2021



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 21-060540 PBSO ZONE 6-12

AGENCY CASE # 21-005363 CRASH CASE # N/A

TIME OF STOP/CRASH 0030 DATE 04/30/2021 DAY FRIDAY

SUBJECT'S NAME MCCLELLAN, ANTHONY WAYNE RACE W SEX M

HGT 6'0" WGT 185 DOB 09/18/1981

LOCATION 1600 S FEDERAL HWY, DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0119

ARREST TIME 0053

BREATH RESULTS:

1) .200

2) .196

3) N/A

4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

SCANNED

MAY 01 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: 04/30/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 01:19

Subject's Name: ANTHONY W MCCLELLAN

DOB: 09/18/1981 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	01:45
	Air Blank	0.000	01:45
	Control Test	0.079	01:45
	Air Blank	0.000	01:46
	Subject Sample #1	0.200	01:47
	Air Blank	0.000	01:47
	Air Blank	0.000	01:49
	Subject Sample #2	0.196	01:49
	Air Blank	0.000	01:50
	Control Test	0.078	01:50
	Air Blank	0.000	01:51
	Diagnostics Check	OK	01:51

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: 04/30/2021

Sworn to and affirmed before me this 30 day of April, 2021

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.

MAY 01 2021

SUBJECT: McClellan Anthony W

CASE NUMBER: 21-005363

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) _____

Anthony W. McClellan

MAY 01 2021

SUBJECT: McClellan, Anthony W

CASE NUMBER: 21-005303

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: ONE WINDSOR #129 DLD

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



**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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021010438	Date: 04/30/2021
	Specialist Name/ID: T Howard/7185

807
MAY 01 2021