

21 CT-16735ASB

ADMINISTRATION	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
	Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.				Agency Report Number 34-21-041657					
	Charge Type: Check as many as Apply. <input 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		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) 1500 N Federal Hwy Boynton Beach, FL				Location of Offense (Business Name, Address) 1500 N Federal Hwy Boynton Beach, FL							
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	10/05/2021		2152									
	Name (Last, First, Middle) White, Bethany, Amanda				Alias (Name, DOB, Soc. Sec. #, Etc)							
	W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex F	Date of Birth 05/16/1978	Height 5'06	Weight 164	Eye Color Brown	Hair Color Brown	Complexion Fair	Build Small	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single	Religion Unk	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
	Local Address (Street, Apt. Number) 124 Osprey, Hypoluxo		(City) Florida	(State) 33431	(Zip)	Phone (561)225-3141	Residence Type 1. City 3. Florida 2. County 4. Out of State					
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL					
	Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Occupation Self Employed					
	DL Number, State W300061786760 FL		Soc. Sec. Number		INS Number		Place of Birth Peterburg, NH		Citizenship USA			
	CO-DEF	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							
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other		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 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 561-355-2526) informed of any change of address.						School Attended		Grade			
	Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property		Value of Property							
	Drug Activity N. N/A P. Possess		S. Sell B. Buy 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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.193.1A	Violation of ORD#						
	Drug Activity		Drug Type	Amount/Unit	Offense # 21-041657	Warrant/Capias Number		Bond				
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	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 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
	Court Date and Time Month November Day 1 Year 2021 Time 8:30 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		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.									
ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed 11/1/2021									
	HOLD for other Agency Name		Signature of Arresting Officer L. Nalerio		Name Verification (Printed by Arrestee) BU#							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) L. Nalerio		I.D. # 982		Agency BBPD		Page 1 OF 1			
	Intake Deputy SPANN		Pouch #		Transporting Officer L. Nalerio		I.D. # 982		Witness here is subject Signed with an "X".			

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OCT 06 2021

0517369

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5TH DAY OF October 2021 AT 2152 ☐ A.M. ☒ P.M.

CASE #: 21-041657 DEFENDANT: White, Bethany, Amanda

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER: On 10/5/21 at approximately 2123 hours, I responded to the area of 1500 N Federal Hwy in reference to backing up Ofc. Roedel. Ofc. Roedel conducted a traffic stop on a Maroon Infiniti QX50 that was travelling northbound on N Federal Hwy. Ofc. Roedel paced the vehicle at 80mph in a 35mph zone and the vehicle came to a stop at 1500 N Federal Hwy. Ofc. Roedel also observed the Infiniti fail to stop at the steady red traffic signal at the intersection of N Federal HWY and E Ocean Ave. See Ofc. Roedel's supplement for further information. Contact was made with the driver and Sole occupant of the vehicle W/F Bethany White. White provided her credentials and was advised for the reason of the stop. White stated that she was driving home and coming from Sweetwater Bar. While I spoke to White, I could see that her eyes were glassy and her speech was slurred. When White spoke, I could smell a strong odor of an unknown alcoholic beverage coming from her mouth. The more she spoke, the more I could smell the odor and it intensified. I asked White where she was coming from and she told me Sweetwater. I asked her if she consumed any alcoholic beverages tonight; which she replied yes. White told me she had two alcoholic beverage and then switched it to one. White told me she was drinking beer at the bar. Based on my observations, I asked White to step out of the vehicle. Outside of the vehicle, when White spoke, I could still smell the odor of an unknown alcoholic beverage. I told White I was conducting a DUI investigation, and asked her if she would partake in Standardized Field Sobriety Exercises. White told me that she would. At this point White became argumentative and was speaking over me. I asked White if she had any injuries, disabilities, or issues with he eyes. Which she advised yes. White stated that she had eyes surgery recently, but could not explain why. White did not answer the rest of the questions and just kept on arguing. I asked White once again if she would partake in Standardized Field Sobriety Exercises. White stated yes, once again.

Pen Exercise: White advised that she understood the instructions. White kept interrupting me. White moved her head several times. After many chances, I was not able to conduct the task because of her behavior.

HORIZONTAL GAZE NYSTAGMUS:

- ☒ Left eye does not follow smoothly
☐ Left eye prior to 45 degrees
☐ Distinct jerking in left eye at maximum deviation
☐ Vertical Nystagmus in left eye

- ☒ Right eye does not follow smoothly
☐ Right eye prior to 45 degrees
☐ Distinct jerking in right eye at maximum deviation
☐ Vertical Nystagmus in right eye

WALK AND TURN:

I advised White of the instructions; which she kept interrupting me and not letting me demonstrate the instructions. White was argumentative and started the task too early. White was having a difficult time with her balance. White continued to talk over me. White started the task too early and conducted 27-28 steps forward. Not all the steps were heel to toe and White was not allowing me to conduct my investigation. White was advised of her Taylor warnings, due to her lack of cooperation.

ONE LEG STAND: I advised White of the instructions; which she kept interrupting me and not letting me demonstrate the instructions. White kept on talking over me and started the task too early. White counted incorrectly, used her arms for balance, and put her foot down. White was provided several chances and I explained the exercise several times. White continued to talk over me and not conduct the exercise. **Do to her lack of cooperation and time wasted, I stopped conducting Field Sobriety Exercises and placed White under arrest for DUI.**

FINGER TO NOSE:

ROMBERG/ALPHABET:

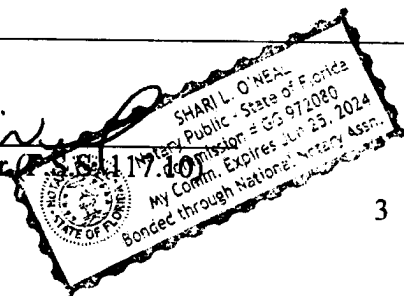
White was placed in handcuffs (spaced and locked) and placed into my marked BBPD vehicle 4031. I arrived at the PBCJ at 2213 and started my 20 minute observation at 2215. I asked White to submit to a breath test; which she kept on talking, and stated that she didn't know what it meant. I advised White that of implied consent; which she advised that she understood. White continue to not answer the questions and kept on talking. I gave White several chances to answer the question. White refused to answer and a refusal was determined at 2244. While at PBCJ, White mentioned that she wanted to kill herself and was very uncooperative. Rough arrest suicidal box checked. Citations were not signed due to her behavior.

The following instrument was sworn to before me this

5th day of October 2021

By: Ofc. Nalerio

Notary/Police Officer [Signature]



[Signature]
Signature of Arresting Officer

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OCT 06 2021

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Nalerio, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Ofc.Nalerio, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 5th day of October, 20 21, at 2242 ☒ P.M. ☐ A.M.

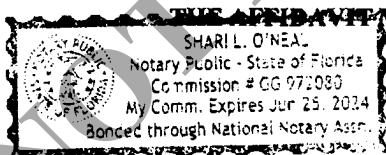
DRIVER Bethany Amanda White
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W300061786760, state of Florida, was placed under lawful arrest for
the offense of DUI by Ofc.Nalerio and
(Name of Arresting Officer)
issued Citation # AE154EE.

That on or about the 5TH day of October, 20 21, at 2242 ☒ P.M. ☐ A.M.
in Palm Beach County,

I requested that the driver submit to a ☒ **breath and/or** ☐ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


Signature of Law Enforcement Officer or
Correctional Officer



(AFFIX SEAL)

THIS AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before
me this 5th day of October, 20 21,
by Ofc.Nalerio,

Title _____

Date _____

who is personally known to me or who has produced

LEO as identification

Notary Public S. O'Neal

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.

TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: White, Bethany A

DATE: Oct 5, 2021

BEGINNING TIME: 2238

CASE NUMBER: 21-114134

VIDEO DVD NUMBER: n/a

ENDING TIME: 2249

BREATH TESTS RESULTS: 1) R TIME 2244 A.M. ☐ P.M. ☒ 2) n/a TIME 0 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

ATTITUDE: crying, agitated, loud, upset

CLOTHING: blue jeans, brown l/s shirt, black shoes

MEDICAL CONDITIONS: would not answer

MEDICATIONS: privacy issues

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated she drank 2 drinks/cocktails @ Sweetwater Restaurant - Q&A

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2215 hrs
subject refused to perform breath test - I am afraid/ what does it mean
A/O read I/C & explained I/C & subject understood I/C
subject refused to perform breath test - would not answer A/O
A/O called refusal @ 2244
A/O read rights & subject stated understood rights
A/O conducted Q&A
subject answered questions

REFUSED

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OCT 06 2021



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

PBSO CASE # 21-114134 PBSO ZONE 6-51
AGENCY CASE # 21-041657 CRASH CASE # _____
TIME OF STOP/CRASH 2123 DATE 10/5/21 DAY Tuesday
SUBJECT'S NAME White, Bethany, Amanda RACE W SEX M
HGT 5'10 WGT 145 DOB 05/16/1978
LOCATION 1500 N Federal Hwy, Boynton Beach, FL
ARRESTING OFFICER'S NAME & ID Naleriol 982 AGENCY BBPD
DIVISION: PATROL
NOTIFIED BY COMMO yes
ARRIVAL AT FACILITY 2215
BREATH RESULTS: Arrest Time 2152
1. REFUSED
2. _____
3. _____
4. _____
TESTING OFFICER'S ID 19183

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OCT 06 2021

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO**

CASE #: 21-041657

DEFENDANT: White, Bethany, Amanda

Arresting Officer: Nalerio

Address: 2100 High Ridge Rd, Boynton Beach, FL

Phone Numbers: **Home:** _____ **Work:** (561) 742-6100

Name: Ofc. Roedel

Address: 2100 High Ridge Rd, Boynton Beach, FL

Phone Numbers: **Home:** _____ **Work:** _____

Can testify to: Driving Patter

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: _____

SCANNED
OCT 06 2021

SUBJECT: White, John CASE NUMBER: 100-100000

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) Debra Canora

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) _____

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SUBJECT: W

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? 1WHERE WERE YOU GOING? 11-11WHAT STREET OR HIGHWAY WERE YOU ON? DIXIE HWYDIRECTION OF TRAVEL? N WHERE DID YOU START? 11-11WHAT TIME DID YOU START? 7 PM WHAT TIME IS IT NOW? 11 PMWHAT IS TODAY'S DATE? 11-11 WHAT DAY OF THE WEEK IS IT? TuesdayWHAT COUNTY AND CITY ARE YOU IN NOW? 11-11WHEN DID YOU LAST EAT? 6 PM WHAT DID YOU EAT? 11-11WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? 11-11HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? 11-11 WHAT? 11-11HOW MUCH? 2 WHERE? 11-11 WITH WHOM? 11-11WHEN DID YOU HAVE YOUR FIRST DRINK? 7 PM AND YOUR LAST DRINK? 11-11HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 11-11CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? 11-11 ARE YOU UNDER THE INFLUENCE? 11-11HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N/A HOW MUCH? 11-11WHAT? 11-11 WHERE? 11-11 WHEN? 11-11WHAT LINE OF WORK ARE YOU IN? 11-11 WHEN DID YOU LAST WORK? 11-11DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? 11-11 WHAT? 11-11ARE YOU SICK OR INJURED? 11-11 WHAT'S WRONG? 11-11DO YOU LIMP? 11-11 DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? 11-11WERE YOU IN AN ACCIDENT TODAY? 11-11HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? 11-11 WHEN? 11-11HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? 11-11 WHO? 11-11 WHY? 11-11ARE YOU TAKING ANY PRESCRIPTION MEDICINES? 11-11 WHAT? 11-11 WHEN? 11-11

DO YOU HAVE:

EPILEPSY?	<u>N</u>
GLASS EYE?	<u>N</u>
FALSE TEETH?	<u>N</u>
EAR INFECTION?	<u>N</u>
INNER EAR TROUBLE?	<u>N</u>
DIABETES?	<u>N</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? 11-11DO YOU TAKE INSULIN? 11-11 IF SO, WHEN WAS YOUR LAST INJECTION? 11-11HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? 11-11 WHERE? 11-11

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

ANNEXED
OCT 06 2021



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

REVIEW COMPLETED BY

Booking Number: 2021025008	Date: 10/06/21
	Specialist Name/ID: J. Beck/9007

**SCANNED
OCT 06 2021**