

20 CT 3221 MB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number		Agency Name <b>Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>20-000281</b>	
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 1. Yes 2. No <b>2</b>	
Location of Arrest (including Name of Business) <b>200 Blk Sunrise Palm Beach Florida</b>				Location of Offense (Business Name, Address) <b>200 Blk Sunrise Palm Beach Florida</b>			
Date of Arrest <b>20-02-2020 5-23-20</b>	Time of Arrest <b>2155</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Kauff's Towing</b>	

Name (Last, First, Middle) <b>Brian E Forman</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian <b>w</b>	Sex <b>m</b>	Date of Birth <b>11/12/1981</b>	Height <b>601</b>	Weight <b>190</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Complexion <b>Med</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>single</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N	
Local Address (Street, Apt. Number) <b>1180 Boyle Rd Hamilton OH 45013</b>		(City)	(State)	(Zip)	Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State
Permanent Address (Street, Apt. Number) <b>1180 Boyle Rd Hamilton OH 45013</b>		(City)	(State)	(Zip)	Phone		Address Source <b>Ohio</b>
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation
D/L Number, State <b>RU234716</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Chandler, Arizona</b>	Citizenship <b>yes</b>

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 355-2626) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		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	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. Un Z. Oth
Charge Description <b>D.U.I</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(a)</b>		Violation of OR			
Drug Activity	Drug Type	Amount / Unit	Offense # <b>20-000281</b>	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of OR			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of OR			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of OR			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			

Location (Court, Room Number, Address) <b>3228 Gun Club Rd. West Palm Beach</b>					
Court Date and Time Month <b>March</b> Day <b>19</b> Year <b>2020</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> 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 WILL 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 I			
Signature of Defendant (or Juvenile and Parent /Custodian) <i>[Signature]</i>				Date Signed	

HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <b>FEB 23 AM 11:14</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>Bryan Martini</b>	I.D. # <b>0101</b>	(PRINT)	
Intake Deputy <b>[Signature]</b>	I.D. #	Transporting Officer <b>Bryan Martini</b>	ID # <b>0101</b>	Agency <b>FHPD</b>	PAG <b>1</b> OF

05 FEB 23 2020

3167

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22nd DAY OF February 20 20, AT 2147 AM  PM  
SUBJECT: Brian E Forman CASE NUMBER: 20-000281

AGENCY: Palm Beach Police Department ARRESTING OFFICER: Bryan Martini

## PERSONAL CONTACT

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

On 2/22/2020 at approximately 2147 hours PBPB received a Emergency call reporting a male party inside a silver pick up truck parked on the sidewalk in the area of the 200 block of Sunrise, caller reported that the party was unresponsive while seated behind the wheel.

## OBSERVATION OF DRIVER:

Responding officers arrived on scene and observed Brian Forman exiting the vehicle. Brian Forman was unsteady on his feet while walking around the scene. While speaking with Brian Forman I observed that he had noticeably bloodshot watery eyes. I could also detect the odor of an alcoholic type beverage emanating from his breath while he spoke.

## DRIVER'S STATEMENTS:

B. Forman stated that he had a couple of beers then refused to answer any other questions.

## ODORS:

Strong odor of an unknown alcoholic type beverage emanating from his breath and person.

## GENERAL OBSERVATIONS

SPEECH: slow and mumbled

ATTITUDE: Calm

CLOTHING: Black long sleeve shirt with tie, grey pants and black shoes

MEDICAL/OTHER: Refused medical

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Bryan Martini

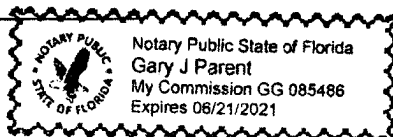
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of February 20 20 by OFF B MARTINI

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

Notary Public, County of Palm Beach, Florida (F.S. 117.10)

SCANNED  
FEB 23 2020



SUBJECT: Brian E Forman

CASE NUMBER 20-000281

**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:**

**Brian Forman refused test**

**WALK & TURN**

**Brian Forman Refused test**

**ONE LEG STAND:**

**Brian Forman refused test**

**FINGER TO NOSE:**

**Brian Forman refused test**

**ROMBERG ALPHABET:**

**Brian Forman refused test**

**BREATH TEST RESULTS:** refused refused

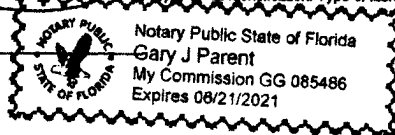
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Bryan Martini  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of February, 2020 by OFF B. MARTINI

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

Notary Public, County of Palm Beach, Florida (F.S. 117.10)



SCANNED

FEB 23 2020

# TESTING FACILITY TASK REPORT

AGENCY: PPD

SUBJECT: FUGITIVE ARREST CASE NUMBER: 20-041376

DATE: 02/22/20 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2:08 ENDING TIME: 2:11

BREATH TESTS RESULTS: 1) R TIME 2:10 A.M./P.M. 2) N/A TIME — A.M./P.M.  
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. [unclear]

MAINTENANCE TECHNICIAN: [unclear]

### TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: CALM, QUIET

CLOTHING: GREY SWEATERS, US ARMY [unclear]

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES CLOSED

**REFUSED**

COMMENTS: ARREST AT CENTRAL JAIL. THE SUBJECT REFUSED TO PROVIDE SAMPLES AT 2:10 PM.

A SAMPLE WAS TAKEN AT 2:11 PM.

THE SUBJECT STATED THAT HE WAS NOT DRIVING AT THE TIME OF THE TEST.

A SAMPLE WAS TAKEN AT 2:11 PM.

THE SUBJECT STATED THAT HE WAS NOT DRIVING AT THE TIME OF THE TEST.

A SAMPLE WAS TAKEN AT 2:11 PM.

**REFUSED**

SCANNEL

SUBJECT: Francisco E 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) Francisco E

## 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.

SCANNED SUBJECT'S SIGNATURE: (X) Francisco E

SUBJECT: Franco, James E 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: \_\_\_\_\_

SCANNED  
FEB 23 2020

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

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

am a member of Palm Beach Police Department, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 22 day of Feb, 20 20, at 9:47  P.M.  A.M.

DRIVER Brian E Forman  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# RU234716, state of Ohio, was placed under lawful arrest for

the offense of DUI 316.193(IXa) by Officer Bryan Martin and  
(Name of Arresting Officer)

issued Citation # 3821-XDV 3

That on or about the 22 day of Feb, 20 20, at 110  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]  
Signature of Law Enforcement Officer or  
Correctional Officer

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



The foregoing instrument was sworn and subscribed before  
me this 22 day of FEBRUARY, 20 20,  
by Off. B. MARTINI,  
who is personally known to me or who has produced

Know as identification  
Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

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.

# WITNESS LIST

CASE NUMBER: 20-000281

ARRESTING OFFICER: Bryan Martini

ADDRESS: 345 South County Rd. Palm Beach, Fl 33480

PHONE NUMBERS (HOME): (561)838-5454 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Arrest

NAME: Officer Rotherburg

ADDRESS: 345 South County Rd. Palm Beach, Fl 33480

PHONE NUMBERS (HOME) 561-838-5454 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Arrest

NAME: Officer Bigtree

ADDRESS 345 South County Rd. Palm Beach, Fl 33480

PHONE NUMBERS (HOME) 561-838-5454 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Arrest

NAME: Officer Pelayo

ADDRESS 345 South County Rd. Palm Beach, Fl 33480

PHONE NUMBERS (HOME) 561-838-5454 (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: \_\_\_\_\_

SCANNED  
FEB 23 2020



**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)(l)	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: 2020006093	Date: 2/23/2020
	Specialist Name/ID: B Evans / 23649

**SCANNED**  
FEB 23 2020