

21CT 5333 NB

ARREST / NOTICE TO APPEAR

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

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0503100</b>		Agency Name <b>Tequesta Police Department</b>		Agency Report Number (N.T.A. apply) <b>9 2 21-000096</b>		Multiple Clearance Indicator	
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 type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type <b>UNARMED</b>		Location of Offense (Business Name, Address) <b>175 N US Highway 1, Tequesta, FL 33469</b>		Location of Vehicle <b>TURNED OVER TO SPOUE</b>		Multiple Clearance Indicator
	Date of Arrest <b>04/03/2021</b>	Time of Arrest <b>21:12</b>	Booking Date <b>04/03/2021</b>	Booking Time <b>22:03</b>	Jail Date	Jail Time	Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Name (Last, First, Middle) <b>HARDIN, CARMEN JUANA</b>		Sex <b>F</b>		Date of Birth <b>07/17/1964</b>	Height <b>5'01</b>	Weight <b>120</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W</b>		Marital Status <b>M</b>		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Build <b>MED</b>
Local Address (Street, Apt. Number) <b>100 INTRACOASTAL PL 402, JUPITER, FL 33469</b>		Permanent Address (Street, Apt. Number) <b>100 INTRACOASTAL PL 402, JUPITER, FL 33469</b>		Business Address (Name, Street)		D/L Number, State <b>H635110647570 / FL</b>		Soc. Sec. Number INS Number Place of Birth (City, State) <b>Peru</b>	
C O D E F	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		Citizenship <b>US</b>		<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		Citizenship		<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
J U V E N I L E	Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian <input type="checkbox"/>		Name (Last, First, Middle)		Address (Street, Apt. Number)		Residence Phone		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	School Attended		Grade	
	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.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
C O D E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin
	H. Hallucinoegen M. Marijuana		P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other		Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #	
C H A R G E	Charge Description <b>DUI - BREATH .08 OR ABOVE</b>		Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense # <b>21-000096</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
	Charge Description		Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
	Charge Description		Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
I N T A 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 Explain:		Check which applies: <input type="checkbox"/> Released OR <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Pooled Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By
	Transported By		Date Transported	Time Transported	Other		Released To		
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>05/05/2021 10:30:00</b>		No Photo Available		
	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)		Date Signed				
A D M I N	HOLD for Other Agency		Signature of Arresting Officer <b>1210</b>		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) <b>JARRELL, T.</b>		I.D.# <b>1210</b>		(PRINT)		PAGE <b>1 OF 1</b>
Intake Deputy <b>Quang</b>		I.D.#	Pouch #	Transporting Officer <b>CPL. T. JARRELL 1210 TEQUE</b>		Agency <b>TEQUE</b>		Witness here if subject signed with	

STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS

JH 0392361

PH 3772

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF April 2021 AT 9:00  AM  PM

SUBJECT: Hardin Carmen Juana CASE NUMBER: 20-000096

AGENCY: Tequesta Police Department ARRESTING OFFICER: Thomas Jarrell

## PERSONAL CONTACT

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

I responded to the area of Tequesta Dr. and N US Hwy. 1, within the Village of Tequesta, in reference to a BOLO for a reckless driver. Dispatch (Northcom) advised they had received a report of a White Audi Q5 driving all over the road with its headlights out in the area of S US Hwy. 1 and Beach Rd. (NB). I observed a vehicle matching the BOLO's description, a white 2012 Audi Q5 bearing FL Tag #BRBL87, stopped in the bike lane in front of 175 N US Hwy. 1 (Tequesta Shoppes). The vehicles was stopped diagonally with its front end in the bike lane and its rear was in the right travel lane impeding traffic. The vehicle was still running with its headlights off. I observed Carmen Hardin (later identified by FL DL) sitting in the driver's seat trying to use her cell phone.

### OBSERVATION OF DRIVER:

Upon Hardin opening the driver side window I could immediately detect the strong odor of an unknown alcoholic beverage coming from within the vehicle. The odor grew stronger as Hardin spoke. Hardin had bloodshot glassy eyes. Hardin's words were slurred and rapid. Hardin struggled to follow my directions and repeatedly became sidetracked while trying to find her identifying documents. After the third reminder of my request she was able to locate her FL DL within her purse (I observed her vehicles key fob within). Hardin was unable to locate her registration nor proof of insurance. Hardin repeatedly interrupted me during questioning stating she was not drunk. This was prior to any questions regarding what she had consumed this evening. Hardin struggled to exit the vehicle and had to use the door for balance while standing up. Hardin was unable to walk in a straight line to the rear of her vehicle and was instead staggering from side to side. Hardin immediately began to interrupt me as I requested she submit to SFSTs and started repeatedly shouting, "I'm not drunk." I asked her two additional times if she would submit to SFSTs. Both times she repeatedly interrupted me, shouting over me. I advised Hardin of her Taylor warnings three times. Each time she spoke over me. On my third try, she screamed, "Fuck you! I will not do your test!"

### DRIVER'S STATEMENTS:

Hardin said she was lost and was attempting to look up her address. While asking where she was coming from, Hardin spontaneously uttered, "I swear I'm not drunk. I swear to God I'm not drunk!" Hardin denied drinking.

### ODORS:

Strong odor of an unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, mood swings, demanding, belligerent

CLOTHING: Long sleeve white shirt, blue shorts, blue shoes.

MEDICAL/OTHER: None mentioned

STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature] 1210  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of April 2021 by Thomas Jarrell

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

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



APR 04 2021



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



PBSO CASE # 21-051806 PBSO ZONE 3-14

TEQUESTA PD CASE # 20-000096 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 21:00 DATE 04/03/2021 DAY Saturday

SUBJECT'S NAME Hardin Carmen Juana RACE White SEX Female  
LAST FIRST MID

HGT 5'01 WGT 120lbs DOB 07/17/1964

LOCATION 175 N US HWY 1, Tequesta, FL 33469

ARRESTING OFFICER'S NAME & ID Thomas Jarrell 1210 AGENCY Tequesta Police Department

DIVISION: \_\_\_\_\_

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 22:08

ARREST TIME 21:12

**BREATH RESULTS:**

- 1) .215
- 2) .208
- 3) NA
- 4) NA

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

NOT A CERTIFIED COPY

APR 03 2021

SUBJECT: Carmen Hardin CASE NUMBER 20-000096

**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:**

Refused.

**WALK & TURN:**

Refused.

**ONE LEG STAND:**

Refused.

**FINGER TO NOSE:**

Refused.

**ROMBERG ALPHABET:**

Refused.

**BREATH TEST RESULTS:** 1) .215 2) .208 3) 4)

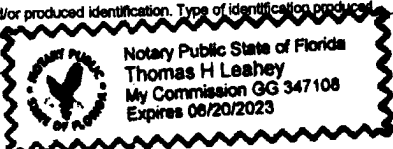
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature] 1210  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of April, 2021 by Thomas Jarrell

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

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



APR 04 2021

NOT A CERTIFIED COPY

SUBJECT: Harden Carmen J 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) *Harden Carmen J*

**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) *Accepted to Reel in Criminal*

SUBJECT: Harold Cannon J 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: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

AGENCY: TPD

SUBJECT: Hardin, Carmen J

DATE: Apr 3, 2021

BEGINNING TIME: 2231

CASE NUMBER: 21-051806

VIDEO DVD NUMBER: N/A

ENDING TIME: 2249

BREATH TESTS RESULTS: 1) .215 TIME 2239 A.M.  P.M.  2) .208 TIME 2245 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: thick, slurred

ATTITUDE: talkative, agitated, repetitive, crying/uncooperative

CLOTHING: blue shorts, white l/s shirt, blue shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

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

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2208 hrs  
subject agreed to perform breath test - what if I deny it  
A/O read I/C 2x & subject understood I/C  
subject agreed to perform breath test  
A/O attempted to read rights & subject kept interrupting and talking over A/O  
tech read breath test results & subject understood breath test results  
A/O did not conduct Q&A  
subject was talking over A/O

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: 80-006240 Software: 8100.27  
Date of Test: 04/03/2021

Date of Last Agency Inspection: 03/12/2021  
Observation Period Began: 22:08  
Subject's Name: CARMEN J HARDIN

DOB: 07/17/1964 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	22:36
	Air Blank	0.000	22:36
	Control Test	0.080	22:37
	Air Blank	0.000	22:37
	Subject Sample #1	0.215	22:39
	Air Blank	0.000	22:40
	Air Blank	0.000	22:42
	Subject Sample #2	0.208	22:45
	Air Blank	0.000	22:46
	Control Test	0.079	22:46
	Air Blank	0.000	22:47
	Diagnostics Check	OK	22:47

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: \_\_\_\_\_

Signature

Date: 04/03/21

Sworn to (or affirmed) before me this 03 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.

# WITNESS LIST

CASE NUMBER: 20-000096

ARRESTING OFFICER: Thomas Jarrell

ADDRESS: 357 Tequesta Drive, Tequesta, FL 33469

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 768-0500

CAN TESTIFY TO: Driving pattern, driver observations, arrest, transport, BAT observation.

NAME: Sgt. R. Korkowski

ADDRESS: 357 Tequesta Drive, Tequesta, FL 33469

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-768-0500

CAN TESTIFY TO: Back-up only.

NAME: Det. L. Lopez

ADDRESS 357 Tequesta Drive, Tequesta, FL 33469

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-768-0500

CAN TESTIFY TO: Back-up only.

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

APR 04 2021



**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: 2021008078	Date: 04/04/2021
	Specialist Name/ID: C. Denzel/8691