

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 20-009363		Multiple Chances Indicator 1	
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 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 None/not Applicable				
	Location of Arrest (Including Name of Business) S CONGRESS AVE/ W LINTON BLVD DRB, FL				Location of Offense (Business Name, Address) 1668 S CONGRESS AVE/W LINTON BLVD, DELRAY BEACH, FL				
C O D E D	Date of Arrest 07/09/2020	Time of Arrest 02:20	Booking Date 07/09/2020	Booking Time 02:30	Jail Date 07/09/2020	Jail Time 04:37	Location of Vehicle 1668 S CONGRESS AVE/W		
	Name (Last, First, Middle) ROSE, CARRINGTON KIRA				Alias: ROSE, CARRINGTON KIRA				
J U V E N I L E	Race W - White B - Black O - Oriental/Asian B	Sex F	Date of Birth 05/22/2000	Height 5'10	Weight 135	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build SMALL
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion OTHER	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
C O D E D	Local Address (Street, Apt. Number) 980 N UNIVERSITY DR 518, BOCA RATON, FL 33431			(City)	(State)	(Zip)	Phone (954) 305-0877		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
	Permanent Address (Street, Apt. Number) 980 N UNIVERSITY DR 518, BOCA RATON, FL 33431			(City)	(State)	(Zip)	Phone (954) 305-0877		Address Source VERBAL
C O D E D	Business Address (Name, Street) 980 N UNIVERSITY DR 518, BOCA RATON, FL 33431			(City)	(State)	(Zip)	Phone (954) 305-0877		Occupation Fau Student
	D/L Number, State R200111006820 / FL		INS Number		Place of Birth (City, State) FAYETTEVILLE, NC,		Citizenship US		
C O D E D	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		
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)			Residence Phone			
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone
C O D E D	Notified by: (Name)		Relationship	Date	Time	JUVENILE DISPOSITION 1. Held/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
	Released To: (Name)		Relationship	Date	Time				
C O D E D	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 Owner?		Description of Property		Value of Property		
C O D E D	Drug Activity N. N/A P. Poison		S. Sell B. Buy T. Traffic	R. Seizure 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/Opiv.		F. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other		
C H A R G E	Charge Description DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(1)A		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Copies 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	Warrant / Copies 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	Warrant / Copies Number		Bond
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"/> Deformation <input type="checkbox"/> Injuries Explain:				
	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		PROPERTY - Received By		Released By		Released To		
N O T I C E T O A P P E A R	Transported By				Date Transported	Time Transported	Other		
	<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 08/03/2020 08:30:00		
A D M I N I S T R A T I O N	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		
	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Name Verification (Printed by Arrestee)		
A D M I N I S T R A T I O N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Retained Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) WINDSOR, NICHOLAS		ID.# 1029		Name Verification (Printed by Arrestee) JUL 9 AM 5:39		
	<input type="checkbox"/> Suscided <input type="checkbox"/> Other		Transporting Officer WINDSOR		ID.# 1029		Agency DBPD		Page 1 of 1

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9TH DAY OF JULY 20 20 AT 0133 AM PM
SUBJECT: ROSE, CARRINGTON KIRA CASE NUMBER: DELRAY BEACH PD #20-9363
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 07/09/20 at 0133hrs, Ofc. T. Williams DBPD #1188 observed a black 2002 Jeep Wrangler (FL Tag #1130GB) at the intersection of S. Congress Ave. and W. Linton Blvd. The Jeep was traveling south on S. Congress Ave. with no lights illuminated. Ofc. T. Williams conducted a traffic stop by activating his emergency lights of his marked DBPD patrol vehicle. The Jeep made a left turn (east) onto W. Linton Blvd. and stopped just west of the CSX Railroad tracks. Ofc. T. Williams met with the black female driver and identified her by her FL DL as Carrington Kira Rose. Rose was the sole person in the Jeep, with the engine running and the vehicle key in the ignition. When I arrived on scene, Rose was sitting in the driver seat of the Jeep with the engine still running.

OBSERVATION OF DRIVER:

When I met Rose, I immediately smelled a very strong odor of an unknown alcoholic beverage coming from her person. Rose's eyes had a glassy appearance. Rose's speech was slurred while speaking. While exiting the Jeep, Rose could only locate one of her shoes and stated she took off her shoes when she drives a vehicle. After Rose exited the Jeep, I still smelled an odor of an unknown alcoholic beverage coming from her breath. Rose was swayed while standing still.

DRIVER'S STATEMENTS:

Rose stated she was on her way to her residence on the Florida Atlantic University campus when the traffic stop was conducted. Rose stated she was at her friend's residence near the FAU campus prior to driving. Rose stated the odor of unknown alcoholic beverage was from a 1.5L Barefoot wine bottle that spilled in the floorboard of the Jeep. Rose stated she consumed 3 glasses of wine at the beach at 1500hrs. Rose stated she consumed her last drink around 1530hrs. Rose stated she started driving away from her friend's residence and did not know where she was at. Rose stated she was driving for 15-20 minutes prior to the traffic stop. Rose stated she put her address in her cell phone navigation to find her way home. When questioned if she knew what city Rose was in, she replied that she was getting on the highway and pointed toward I-95. Rose stated she suffers from anxiety and takes Lexapro. During roadsides, Rose stated she did not have any medical conditions that would hinder her driving ability. After being told her breath sample results, Rose stated "That's after I stopped drinking?"

ODORS:

I smelled a strong odor of an unknown alcoholic beverage coming from Rose.
GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Initially polite but after arrest Rose was screaming, agitated and argumentative.

CLOTHING: Yellow top,

MEDICAL/OTHER: [REDACTED]

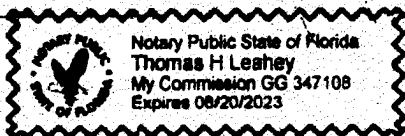
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of July 20 20 by Ofc Windsor #1029

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

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



SUBJECT: ROSE, CARRINGTON KIRA CASE NUMBER DELRAY BEACH PD #20-9363

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Rose had to be instructed to keep her still during the HG/VGN roadside. Rose stopped following the stimulus light and stated she was upset and having anxiety.

WALK & TURN:

Rose had to be instructed several times to remain in the instructional phase position and not to start until instructed to do so. Rose did not count her steps initially as instructed. Rose did not walk heel to toe as instructed. Rose used her arms for balance during this roadside.

ONE LEG STAND:

Rose put her foot down and stopped counting before being instructed to do so. I had to instruct Rose to continue the roadside.

FINGER TO NOSE:

Rose did not touch the tip of nose several times and missed her nose completely on three attempts. Rose swayed during this roadside.

ROMBERG ALPHABET:

Rose recited A through Q as instructed. Rose recited the letter Q and then recited the letter Z. Rose did not correct herself and stopped the roadside. Rose swayed during this roadside.

BREATH TEST RESULTS: 1) .139 2) .137 3) 4)

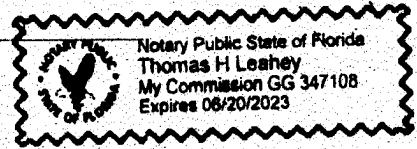
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of July, 2020 by Off Windsor #1029

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

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



WITNESS LIST

CASE NUMBER: DELRAY BEACH PD #20-9363

ARRESTING OFFICER: OFC. WINDSOR #1029 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: DUI PC

NAME: OFC. T. WILLIAMS #1188 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

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

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

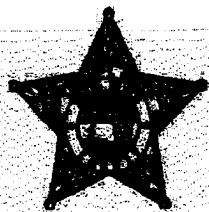
NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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

PBSO CASE # 20-085824 PBSO ZONE 4-22

AGENCY CASE # 20-9363 CRASH CASE # N/A

TIME OF STOP/CRASH 0133 DATE 07/09/20 DAY THURSDAY

SUBJECT'S NAME ROSE, CARRINGTON KIRA RACE B SEX F

HGT 5'10" WGT 135 DOB 05/22/00

LOCATION S CONGRESS AVE/W LINTON BLVD DELRAY BEACH, FL

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

DIVISION: TRAFFIC

NOTIFIED BY COMMO YES

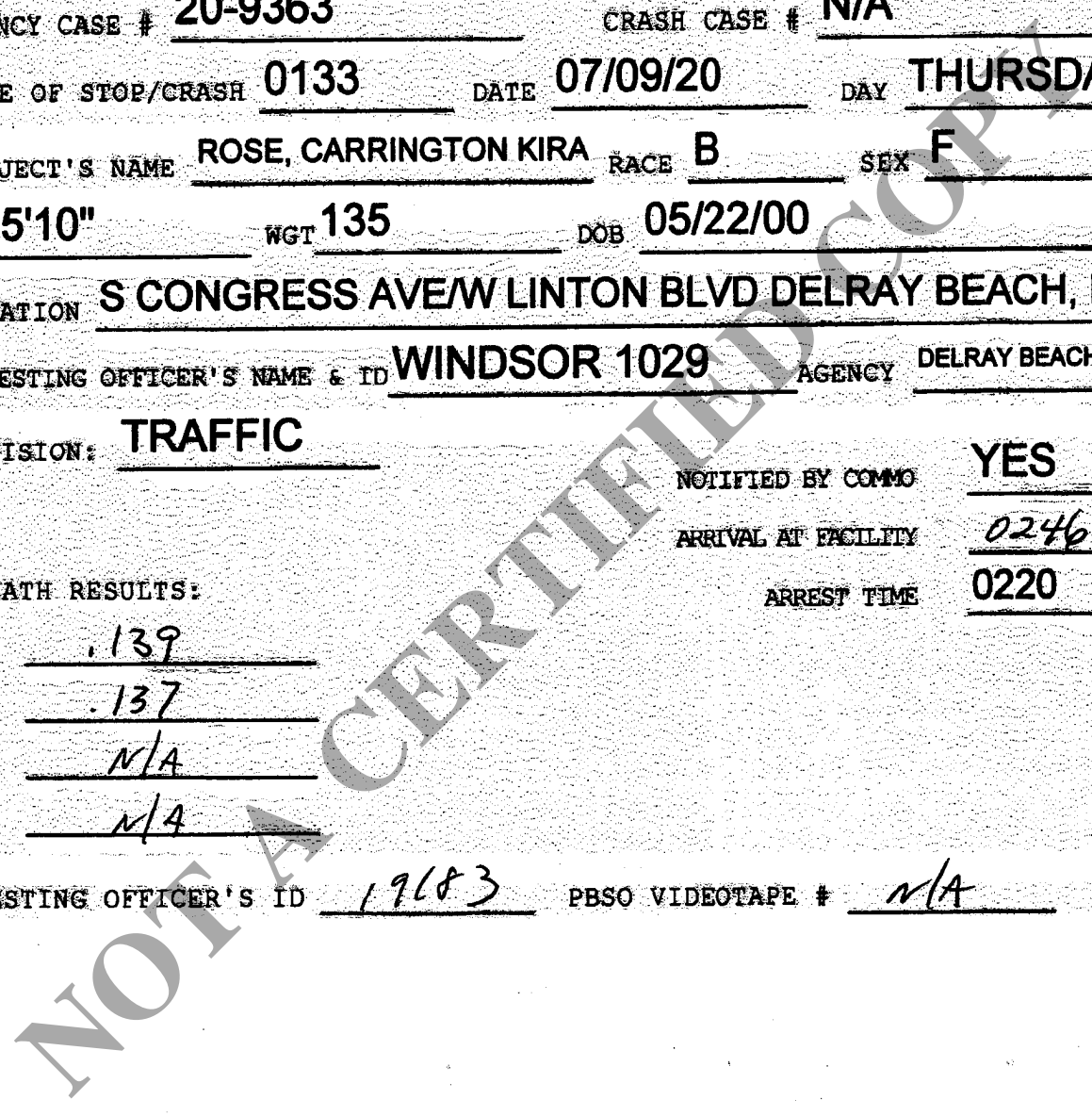
ARRIVAL AT FACILITY 0246

ARREST TIME 0220

BREATH RESULTS:

- 1) .139
- 2) .137
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 19683 PBSO VIDEOTAPE # N/A



TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Rose, Carrington K

CASE NUMBER: 20-085824

DATE: 07/09/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0308

ENDING TIME: 0320

BREATH TESTS RESULTS: 1) .139 TIME 0313 A.M. P.M. 2) .137 TIME 0316 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, thick, loud

ATTITUDE: talkative, agitated, argumentative/cooperative

CLOTHING: black sweat pants, yellow tank top, no shoes

MEDICAL CONDITIONS: anxiety

MEDICATIONS: lexipro

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated she drank a while ago - during testing

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0246 hrs

subject agreed to perform breath test

tech read breath test results & subject understood breath test results

A/O read rights & subject understood rights

A/O did not attempt Q&A

subject invoked right to counsel

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: 80-006476 Software: 8100.27
Date of Test: 07/09/2020

Date of Last Agency Inspection: 06/26/2020
Observation Period Began: 02:46
Subject's Name: CARRINGTON K ROSE

DOB: 05/22/2000 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	03:10
	Air Blank	0.000	03:11
	Control Test	0.081	03:11
	Air Blank	0.000	03:12
	Subject Sample #1	0.139	03:13
	Air Blank	0.000	03:14
	Air Blank	0.000	03:16
	Subject Sample #2	0.137	03:16
	Air Blank	0.000	03:17
	Control Test	0.077	03:17
	Air Blank	0.000	03:18
	Diagnostics Check	OK	03:18

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 LEANEY, 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. Leaney Date: 07/09/2020
Signature

Sworn to (or affirmed) before me this 09th day of July, 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Ofc N Windsor # 1029

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.

SUBJECT Rose O. [unclear] CASE NUMBER DEPT [unclear]

QUESTIONS AND ANSWERS

I AM ASKING YOU TO ANSWER THE QUESTIONS WITH THESE HEARDS IN MIND. YOU SHOULD ANSWER AS BEST YOU CAN AS YOU HEAR.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT?

WHAT TYPE OF MOTOR VEHICLE WAS IT?

WHAT DIRECTION WERE YOU TRAVELING AT THE TIME YOU STARTED?

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?

WHEN DID YOU LAST EAT? WHAT DID YOU EAT?

WHAT HAVE YOU BEEN DOING FOR THE LAST SEVERAL HOURS?

HOW MUCH SLEEP HAVE YOU HAD? HOW MANY HOURS HAVE YOU BEEN DRIVING?

HOW MUCH? WHEN DID YOU HAVE YOUR LAST DRIVING LESSON?

HOW DID YOU FEEL AT THE TIME OF THE STOP/ACCIDENT?

CAN YOU REMEMBER ANYTHING ABOUT THE STOP/ACCIDENT?

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSES?

WHAT? WHEN DID YOU LAST VISIT A PHYSICIAN?

WHAT? WHAT?

ARE YOU CURRENTLY ON ANY MEDICATION? WHAT'S WRONG?

DO YOU TAKE ANY MEDICATION? DID YOU PURCHASE A HAT ON THE HEAD RECENTLY?

WHERE WERE YOU PURCHASING IT?

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSES IN MISSISSIPPI?

WHAT? WHEN DID YOU LAST VISIT A PHYSICIAN?

WHAT? WHAT?

ARE YOU CURRENTLY ON ANY MEDICATION? WHAT'S WRONG?

DO YOU TAKE ANY MEDICATION? DID YOU PURCHASE A HAT ON THE HEAD RECENTLY?

WHERE WERE YOU PURCHASING IT?

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSES IN MISSISSIPPI?

WHAT? WHEN DID YOU LAST VISIT A PHYSICIAN?

WHAT? WHAT?

DO YOU HAVE ANY PROBLEMS WITH YOUR VISION? ARE YOU NOT CORRECTED BY GLASSES?

DO YOU TAKE INSULIN? WHEN WAS YOUR LAST INJECTION?

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE?

INTERVIEWER: [Signature] 1199 577



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

REVIEW COMPLETED BY

Booking Number: 2020016490	Date: 7/9/2020
	Specialist Name/ID: B Evans / 23649