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|   |  |  |  |   |  |  |  |  |  |   |  |   |  |
|---|--|--|--|---|--|--|--|--|--|---|--|---|--|
| OBTS Number   |  | <b>ARREST / NOTICE TO APPEAR</b>   |  | 1. Arrest<br>2. N.T.A.  |  | 3. Request for Warrant<br>4. Request for Capias  |  | 1  |  | Juvenile  |  | N   |  |
| Agency ORI Number<br><b>FLO 500000</b>  |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                         |  |   |  | Agency Report Number (N.T.A.'s only)<br><b>06-21098141</b>                                   |  |  |  |   |  |   |  |
| Charge Type:<br>Check as many as apply:   |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |  | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                   |  | Weapon Seized / Type<br>2 1. Yes<br>2. No  |  | Multiple Clearance Indicator<br>1   |  |   |  |
| Location of Arrest (including Name of Business)<br><b>135 Tuscany Dr. Royal Palm Beach, FL 33411</b>  |  |  |  |   |  | Location of Offense (Business Name, Address)<br><b>561 N SR 7 Royal Palm Beach, FL 33411</b> |  |  |  |   |  |   |  |
| Date of Arrest<br><b>08/20/2021</b>   |  | Time of Arrest<br><b>2015</b>  |  | Booking Date  |  | Booking Time   |  | Jail Date  |  | Jail Time   |  | Location of Vehicle   |  |
| Name (Last, First, Middle)<br><b>Ross, Cathryn</b>  |  |  |  |   |  |  |  |  |  |   |  | Alias (Name, DOB, Soc. Sec. #, Etc.)  |  |
| Race<br><b>W - White   - American Indian</b>  |  | Sex<br><b>F</b>  |  | Date of Birth<br><b>05/30/1971</b>  |  | Height<br><b>5'04"</b>   |  | Weight<br><b>140</b>   |  | Eye Color<br><b>blue</b>  |  | Hair Color<br><b>blonde</b>   |  |
| Complexion<br><b>fair</b>   |  | Build<br><b>small</b>  |  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                         |  | Marital Status<br><b>single</b>  |  | Religion<br><b>unk</b>   |  | Indication of Alcohol Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/> Int <input type="checkbox"/> |  |   |  |
| Local Address (Street, Apt. Number)<br><b>135 Tuscany Dr.</b>   |  |  |  | (City)<br><b>Royal Palm Beach</b>   |  | (State)<br><b>FL</b>   |  | (Zip)<br><b>33411</b>  |  | Phone<br><b>(239) 272-6844</b>  |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br><b>1</b>                                  |  |
| Permanent Address (Street, Apt. Number)<br><b>135 Tuscany Dr.</b>   |  |  |  | (City)<br><b>Royal Palm Beach</b>   |  | (State)<br><b>FL</b>   |  | (Zip)<br><b>33411</b>  |  | Phone<br><b>(239) 272-6844</b>  |  | Address Source<br><b>Verbal</b>   |  |
| Business Address (Name, Street)   |  |  |  | (City)  |  | (State)  |  | (Zip)  |  | Phone   |  | Occupation  |  |
| DL Number, State<br><b>R200163716900, FL</b>  |  |  |  | Soc. Sec. Number  |  | INS Number   |  | Place of Birth (City, State)<br><b>Alpena, MI</b>  |  | Citizenship<br><b>Yes</b>   |  |   |  |
| Co-Defendant Name (Last, First, Middle)   |  |  |  | Race  |  | Sex  |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large  |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| Co-Defendant Name (Last, First, Middle)   |  |  |  | Race  |  | Sex  |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large  |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><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<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>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.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |  |  |   |  |  |  | School Attended  |  | Grade   |  |   |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  | Description of Property   |  |  |  | Value of Property  |  |   |  |   |  |
| Drug Activity<br>M. N/A<br>P. Possess   |  | S. Sell<br>B. Buy<br>T. Traffic  |  | R. Smuggle<br>D. Deliver<br>E. Use  |  | K. Dispense/<br>Distribute   |  | M. Manufacture/<br>Produce/<br>Cultivate   |  | Z. Other  |  | Drug Type<br>N. N/A<br>A. Amphetamines  |  |
| B. Barbiturate<br>C. Cocaine<br>E. Heroin   |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                               |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic  |  | U. Unknown<br>Z. Other   |  |  |  |   |  |   |  |
| Charge Description<br><b>Battery Domestic Violence</b>  |  |  |  | Counts<br><b>1</b>  |  | Domestic Violence<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N        |  | Statute Violation Number<br><b>784.03(1a1)</b>   |  | Violation of ORD #  |  |   |  |
| Drug Activity<br><b>N</b>   |  |  |  | Drug Type<br><b>N</b>   |  | Amount / Unit  |  | Offense #<br><b>21098141</b>   |  | Warrant / Capias Number   |  | Bond  |  |
| Charge Description  |  |  |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N        |  | Statute Violation Number   |  | Violation of ORD #  |  |   |  |
| Drug Activity   |  |  |  | Drug Type   |  | Amount / Unit  |  | Offense #  |  | Warrant / Capias Number   |  | Bond  |  |
| Charge Description  |  |  |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N        |  | Statute Violation Number   |  | Violation of ORD #  |  |   |  |
| Drug Activity   |  |  |  | Drug Type   |  | Amount / Unit  |  | Offense #  |  | Warrant / Capias Number   |  | Bond  |  |
| Charge Description  |  |  |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N        |  | Statute Violation Number   |  | Violation of ORD #  |  |   |  |
| Drug Activity   |  |  |  | Drug Type   |  | Amount / Unit  |  | Offense #  |  | Warrant / Capias Number   |  | Bond  |  |
| Location (Court, Room Number, Address)  |  |  |  |   |  |  |  |  |  |   |  |   |  |
| Court Date and Time<br>Month <b>August</b> Day <b>21</b> Year <b>2021</b> Time <b>7:30</b> AM <b>PM</b>   |  |  |  |   |  |  |  |  |  |   |  |   |  |
| 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<br><b>08/20/2021</b>  |  |
| HOLD for other Agency Name:   |  |  |  | Signature of Arresting Officer<br><b>[Signature]</b>  |  |  |  | Name Verification (Printed by Arrestee)  |  |   |  |   |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal   |  |  |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                           |  |  |  | (PRINT)<br><b>D/S Tim Laquerre</b>   |  |   |  |   |  |
| Intake-Deputy<br><b>475</b>   |  |  |  | LD.# <b>475</b> Pouch #   |  |  |  | Transporting Officer<br><b>D/S O. L. L.</b> ID # <b>8037</b> Agency <b>770</b>                                 |  |   |  |   |  |
| Witness here if subject signed with an "X"  |  |  |  |   |  |  |  |  |  |   |  | 1 OF 1  |  |

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

AUG 21 AM 12:23



|   |  |  |  |  |  |  |  |   |  |                                       |  |                                   |  |                             |  |                                    |  |
|---|--|--|--|--|--|--|--|---|--|---------------------------------------|--|-----------------------------------|--|-----------------------------|--|------------------------------------|--|
| OBTS Number   |  | <b>PROBABLE CAUSE AFFIDAVIT</b>                          |  | 1. Arrest<br>2. N.T.A.                     |  | 3. Request for Warrant<br>4. Request for Copies    |  | 1   |  | Juvenile                              |  | N                                 |  |                             |  |                                    |  |
| Agency ORI Number<br><b>FLO 500000</b>  |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> |  |  |  | Agency Report Number<br><b>06- 21098141</b>        |  |   |  |                                       |  |                                   |  |                             |  |                                    |  |
| Charge Type:<br>Check as many as apply.   |  | 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 <input type="checkbox"/> |  |                             |  |                                    |  |
| Special Notes:  |  |  |  |  |  |  |  |   |  |                                       |  |                                   |  |                             |  |                                    |  |
| Name (Last, First, Middle)<br><b>Ross, Cathryn</b>  |  |  |  |  |  |  |  |   |  | Alias                                 |  | Race<br><b>W</b>                  |  | Sex<br><b>F</b>             |  | Date of Birth<br><b>05/30/1971</b> |  |
| Charge Description<br><b>Battery Domestic Violence</b>  |  |  |  | Charge Description                         |  |  |  |   |  |                                       |  |                                   |  |                             |  |                                    |  |
| Charge Description  |  |  |  | Charge Description                         |  |  |  |   |  |                                       |  |                                   |  |                             |  |                                    |  |
| Victim's Name (Last, First, Middle)<br>[REDACTED]   |  |  |  |  |  |  |  |   |  | Race<br><b>W</b>                      |  | Sex<br><b>M</b>                   |  | Date of Birth<br>[REDACTED] |  |                                    |  |
| Local Address (Street, Apt. Number)<br>[REDACTED]   |  |  |  | (City)<br>[REDACTED]                       |  | (State)<br>[REDACTED]                              |  | (Zip)<br>[REDACTED]                             |  | Phone<br>[REDACTED]                   |  | Address Source<br><b>Verbal</b>   |  |                             |  |                                    |  |
| Business Address (Name, Street)<br>[REDACTED]   |  |  |  | (City)<br>[REDACTED]                       |  | (State)<br>[REDACTED]                              |  | (Zip)<br>[REDACTED]                             |  | Phone<br>[REDACTED]                   |  | Occupation<br>[REDACTED]          |  |                             |  |                                    |  |
| <p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.<br/>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>admitting to the below facts.</p> <p>On the <b>20</b> day of <b>August</b> 20<b>21</b> at <b>8:15</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> |  |  |  |  |  |  |  |   |  |                                       |  |                                   |  |                             |  |                                    |  |
| <p>I spoke to Jami who provided a sworn recorded statement with the following. Cathryn drove her, Joseph, and Cali to the Starbucks but made Victoria walk because she was supposed to do chores which she did not do. [REDACTED] said once they met at Starbucks Cathryn began to yell at [REDACTED] and they were arguing about child support money. Jami said she began to record the encounter on her cellphone and after a few moments of them arguing Cathryn slapped [REDACTED] in the face because [REDACTED] was calling her mean names. Jami said [REDACTED] walked away and got in the truck and drove to the front of Bella Terra to pickup Victoria who was still walking.</p>   |  |  |  |  |  |  |  |   |  |                                       |  |                                   |  |                             |  |                                    |  |
| <p>I later spoke to Cathryn at 135 Tuscany Dr. Royal Palm Beach who provided a recorded sworn statement. [REDACTED] said she made [REDACTED] walk to Starbucks because she did not do her chores. Cathryn said she slapped [REDACTED] because he was calling her mean names. Cathryn said she knows she shouldn't have slapped him but she was really upset because of the words [REDACTED] was calling her.</p>  |  |  |  |  |  |  |  |   |  |                                       |  |                                   |  |                             |  |                                    |  |
| <p>I completed domestic violence paperwork with [REDACTED] and Jami emailed me a copy of the two videos she recorded on her cellphone which shows Cathryn pushing [REDACTED] and slapping [REDACTED] in the face. The videos were later submitted into evidence along with all my interviews.</p>   |  |  |  |  |  |  |  |   |  |                                       |  |                                   |  |                             |  |                                    |  |
| <p>Based on my investigation I determined Cathryn violated FSS 784.03(1a1) for pushing and slapping [REDACTED] in the face. Cathryn was placed under arrest, handcuffed, checked for proper fit, and double locked. Cathryn was later transported to the district 9 substation located at 11498 Okeechobee Blvd. while I completed paperwork and later transported to the Palm Beach County jail by transport.</p>  |  |  |  |  |  |  |  |   |  |                                       |  |                                   |  |                             |  |                                    |  |
| <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p style="text-align: right;">D/S Tim Laquerre</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>20</b> day of <b>August</b> 20<b>21</b> by <b>D/S Tim Laquerre</b><br/><b>known LEO</b></p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)</p> <p><b>o/s of 10020 448952</b></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>   |  |  |  |  |  |  |  |   |  |                                       |  |                                   |  |                             |  |                                    |  |

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause affidavit)

Suspect: Ross, Cathryn DOB: 05 / 30 / 1971 Case #: 21090141

Victim: [REDACTED] DOB: [REDACTED] / [REDACTED] / [REDACTED] Race: W Sex: M

Relationship between Victim and Defendant: Ex-Spouse

Photographs: Scene Yes ☒ No ☐ Victim ☒ Yes ☐ No ☐ Defendant ☒ Yes ☐ No ☐

911 Call: ☒ Yes ☐ No ☐ Caller: [REDACTED]

Weapon Used: ☒ Yes ☐ No ☐ Type: [REDACTED]

Witness: ☒ Yes ☐ No ☐ Name: Jami Ross

Victim Pregnant: ☒ Yes ☐ No ☐ If yes,        weeks        months

Injuries: ☒ Yes ☐ No ☐ Description: Cut on eyebrow

Medical Treatment: ☒ Yes ☐ No ☐

At Scene: ☒ Yes ☐ No ☐ Paramedics: [REDACTED]

At Hospital: ☒ Yes ☐ No ☐ Hospital: [REDACTED] Physician: [REDACTED]

Are Children Living in Home? ☒ Yes ☐ No ☐ DCF Notified? ☒ Yes ☐ No ☐

Name: Jami Ross DOB: 07 / 03 / 07

Name: Victoria Ross DOB: 07 / 03 / 07

Name: Joseph Ross DOB: 11 / 21 / 08

Injunction ☒ Yes ☐ No ☐ Case #: [REDACTED]

No Contact Order ☒ Yes ☐ No ☐ Case #: [REDACTED]

Alcohol or Drugs ☒ Yes ☐ No ☐ Unknown ☐

Prior History of Domestic/Dating Violence ☒ Yes ☐ No ☐

Defendant's Statements ☒ Yes ☐ No ☐ If yes, written ☒ recorded ☐ oral

First words Defendant said when you responded to scene: [REDACTED]

Victim's Statements ☒ Yes ☐ No ☐ If yes, written ☒ recorded ☐ oral

First words Victim said when you responded to scene: [REDACTED]

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☒ Yes ☐ No If yes, name: [REDACTED] phone ( ) [REDACTED] - [REDACTED]

Observations of Victim (Physical & Emotional): [REDACTED]

Upset ☒ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☒ Calm ☐ Nervous ☐

Complained of pain ☐ Other [REDACTED]

Victim Contact Information: [REDACTED]

Local Address: [REDACTED] [REDACTED] FL [REDACTED]

Phone: Home ( ) [REDACTED] - [REDACTED] Work ( ) [REDACTED] - [REDACTED] Cell [REDACTED]

Employer: n/a

Name of Relative: n/a Phone ( ) [REDACTED] - [REDACTED]

Address: n/a

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 21098141 Agency: PBSO  
Offense: Battery Domestic Violence  
Suspect/Offender: Ross, Cathryn  
D.O.B. 05/30/1971 Race: W Sex: F

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: [REDACTED] D.O.B. [REDACTED] Race: W Sex: M  
Address: [REDACTED]  
City: [REDACTED] State: FL Zip: [REDACTED]  
Home #: [REDACTED] Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

## Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ **Waiver:** I choose not to be notified when the arrestee is released from custody.

☐ **Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Deputy's Name: D/S Tim Laquerre

I.D.# 37291

Date: 08/20/2021

White/Corrections or State Attorney (Warrant Application)  
PBSO 00020A REV. 4199

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# \_\_\_\_\_



**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),<br>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),<br>(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),<br>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 checked="" type="checkbox"/> | FL Constitution, Article 1,<br>16(b)    | Other: MARSY'S Law   | 3-7            |
|   | <input type="checkbox"/>            |   | Other:   |                |

**REVIEW COMPLETED BY**

|                            |                                     |
|----------------------------|-------------------------------------|
| Booking Number: 2021020804 | Date: 8/21/21                       |
|                            | Specialist Name/ID: A. Pinkney/7796 |