

0513702 / 294

20CT14 NB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 [ ] Juvenile [ N ]

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 502600</b>				Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>				Agency Report Number (N.T.A.'s only) <b>78- 2000002</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		Multiple Clearance Indicator											
	Location of Arrest (Including Name of Business) <b>N. MILITARY TRL./ELM AVE.</b>						Location of Offense (Business Name, Address) <b>N. MILITARY TRL./GARDEN LAKES DR.</b>															
	Date of Arrest <b>01/01/2020</b>		Time of Arrest <b>00:48</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>									
DEFENDANT	Name (Last, First, Middle) <b>Mantell, Charles, G</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)															
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>08/18/1964</b>		Height <b>5'08"</b>		Weight <b>140</b>		Eye Color <b>Bro</b>		Hair Color <b>Gry</b>		Complexion <b>Lgt</b>		Build <b>Med</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>L chest, L &amp; R Legs</b>						Marital Status <b>S</b>		Religion <b>Cath</b>		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>									
	Local Address (Street, Apt. Number) <b>6528 NW 35th Ave. Coconut Creek, FL 33073</b>						(City)		(State)		(Zip)		Phone <b>(937) 260-6053</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		3					
	Permanent Address (Street, Apt. Number) <b>6528 NW 35th Ave. Coconut Creek, FL 33073</b>						(City)		(State)		(Zip)		Phone ( )		Address Source <b>FL DL</b>							
	Business Address (Name, Street) ( )						(City)		(State)		(Zip)		Phone ( )		Occupation							
	DL Number, State <b>M534147642980 FL</b>		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) <b>DAYTON, OH</b>		Citizenship <b>US</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							
	CO-DEF	<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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade														
JUvenile	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		Z. Other		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. Unknown Z. Other	
	Charge Description <b>Driving under the influence</b>						Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)</b>		Violation of ORD #									
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
	Charge Description						Counts		Domestic Violence <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 <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 <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	Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>																					
	Court Date and Time Month <b>February</b> Day <b>05</b> Year <b>2020</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																					
NOTICE TO APPEAR	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) <i>[Signature]</i>										Date Signed <b>01/01/2020</b>											
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>				Name Verification (Printed by Arrestee)															
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Related Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>Ofc. Robert Artola</b>				I.D. # <b>452</b>													
	Intake Deputy <b>Samantha B...</b>		I.D. #		Pouch #		Transporting Officer <b>Ofc. Robert Artola</b>				ID # <b>452</b>		Agency <b>PBGPD</b>									
	Witness here if subject signed with an "X"										PAGE <b>1</b> OF <b>1</b>											

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

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 01 DAY OF January 2020 AT 12:30  AM  PM

SUBJECT: Mantell, Charles, G CASE NUMBER: 20000002

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Robert Artola 452

## PERSONAL CONTACT

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

On January 1, 2020 at approximately 12:30 a.m. I was on patrol in the area of North Military Trail and Garden Lakes Drive, Palm Beach Gardens, Florida. While on patrol, I observed a gold Honda driving northbound on North Military Trail at Garden Lakes Drive. The vehicle was unable to maintain a single lane continuing to swerve into the left and right lanes almost causing two separate collisions with vehicles. I also observed the vehicle straddling two lanes while driving. When I activated my lights to conduct a traffic stop the driver came to an abrupt stop.

## OBSERVATION OF DRIVER:

The driver and sole occupant of the vehicle, Charles Mantell, had glassy watery eyes that appeared bloodshot. Mantell was unsteady on his feet and swaying. Mantell had an open container of Modelo beer in the front passenger seat within arms reach of him.

## DRIVER'S STATEMENTS:

Mantell's speech was slurred. Mantell refused to perform any field sobriety exercises and stated he was being bullied. Mantell was read his Taylor warnings and still refused to perform the exercises at which point he was placed under arrest. Mantell refused to submit to a lawful breath test and was read implied consent but still refused. Mantell continued to be argumentative and interrupt while his Miranda Rights' were read and refused to answer any questions. Mantell stated he was driving home to Coconut Creek from his friend's house in Ft. Lauderdale which is the opposite direction of Palm Beach Gardens.

## ODORS:

Odor of unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Slow and slurred speech

ATTITUDE: Argumentative

CLOTHING: Disheveled

MEDICAL/OTHER: No medical conditions

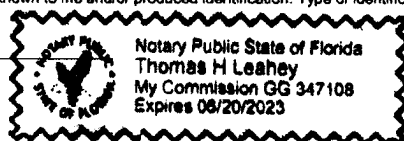
STATE OF FLORIDA  
COUNTY OF PALM BEACH

 452  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of January 2020 by Ofc. Robert Artola

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

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



SUBJECT: Mantell, Charles, G

CASE NUMBER 20000002

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |                                                                                  |                                                                                  |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input 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:**

Refused to perform

**WALK & TURN:**

Refused to perform

**ONE LEG STAND:**

Refused to perform

**ROMBERG ALPHABET:**


Refused to perform

**FINGER TO NOSE:**

Refused to perform

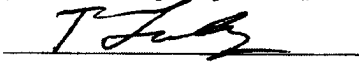
**BREATH TEST RESULTS:** 1) Refusal 2)  3)  4)

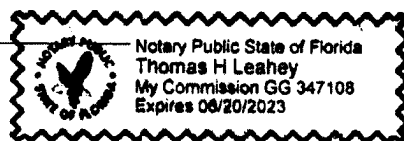
STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of January 2020 by Ofc. Robert Artola

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

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





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

PBSO CASE # 20-021022 PBSO ZONE 3-13

AGENCY CASE # 20000002 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 00:30 DATE 01/01/2020 DAY Wednesday

SUBJECT'S NAME Mantell Charles G RACE W SEX Male  
LAST FIRST MID

HGT 5'08" WGT 140 DOB 08/18/1964

LOCATION N. Military Trl./Garden Lakes Dr.

ARRESTING OFFICER'S NAME & ID Ofc. Robert Artola 452 AGENCY PBCPD

DIVISION: Road Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 01:05

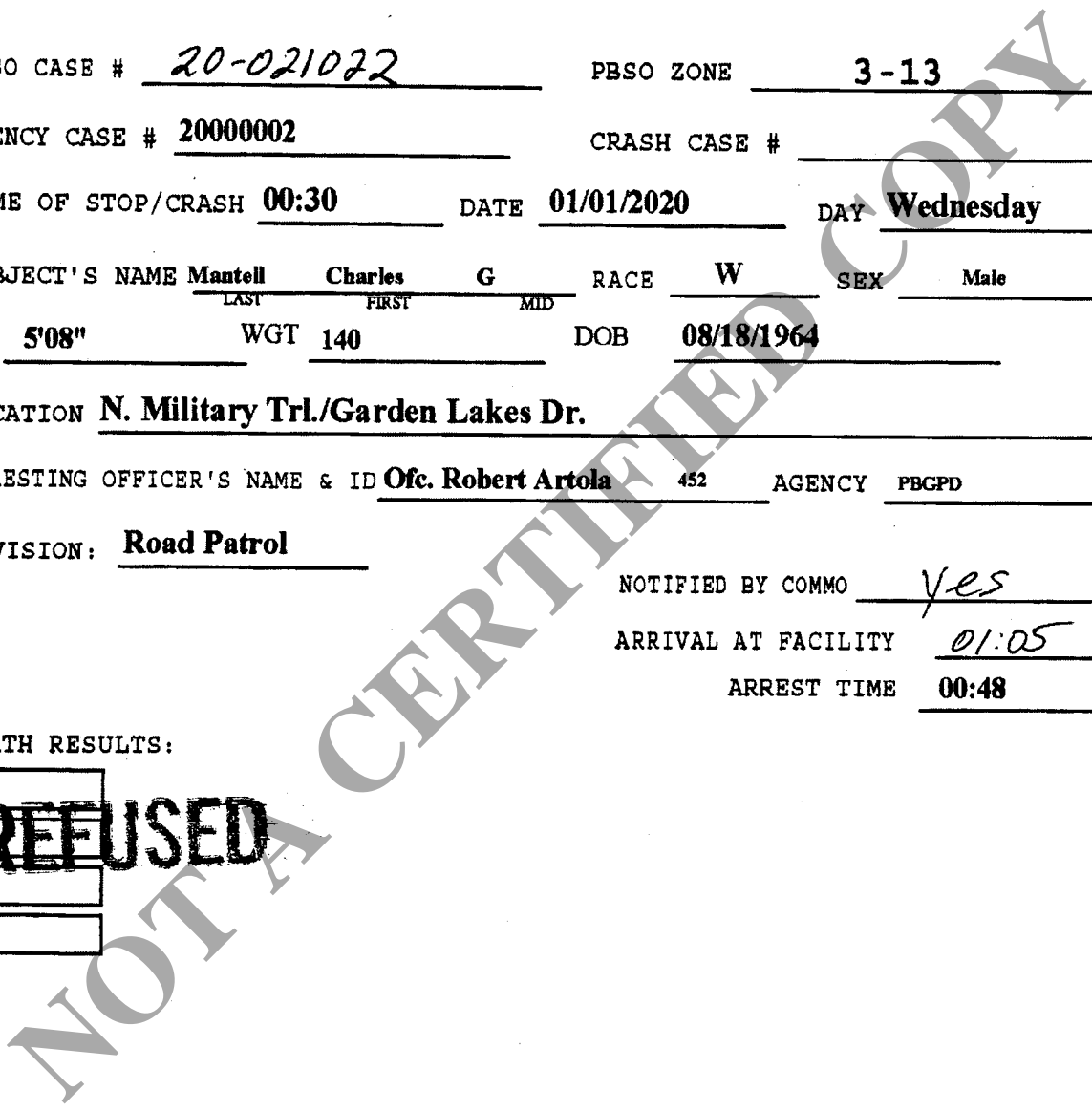
ARREST TIME 00:48

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

**REFUSED**

BREATH TEST OPERATOR: 19183



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

I, Ofc. Robert Artola, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 01 day of January, 20 20, at 00:48  P.M.  A.M.

DRIVER Charles G Mantell  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M534147642980, state of FL, was placed under lawful arrest for  
the offense of Driving under the influence by Ofc. Robert Artola and  
issued Citation # A56H6GE (Name of Arresting Officer)

That on or about the 01 day of January, 20 20, at 12:48  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] 452  
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 01 day of January, 20 20,  
by Ofc. Robert Artola,  
who is personally known to me or who has produced

Personally Known 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.

# TESTING FACILITY TASK REPORT

AGENCY: PBG  
SUBJECT: Mantell, Charles G CASE NUMBER: 20-021022  
DATE: 01/01/20 VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 01:27 ENDING TIME: 01:32  
BREATH TESTS RESULTS: 1) R TIME 01:30 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: T. Leakey #19183  
MAINTENANCE TECHNICIAN: J. Kowlecko #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick / loud  
ATTITUDE: calm, cooperative / combative + agitated  
CLOTHING: gray shorts, white shirt, gray sneakers  
MEDICAL CONDITIONS: none  
MEDICATIONS: none

**REFUSED**

OTHER: eyes glassy + bloodshot  
odor of unknown alcoholic beverage on breath

COMMENTS: arrived at center A/O conducted 20 minute  
observation period at 01:05 hrs

A refused to perform breath test

A/O read F/c + A refused to answer - invoking for  
right to counsel

**REFUSED**

A refused to perform breath test

A/O read rights + D stated he understood rights while  
being combative and talking over officer

A/O did not attempt Q+A

D invoked right to counsel

SUBJECT: Mantell, Charles G 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 Ofc R Artola #452 of the PBG

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) Read on camera

## 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) Read on camera

SUBJECT: Mantell, Charles G 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: \_\_\_\_\_



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

REVIEW COMPLETED BY

Booking Number: 2020000014	Date: 1/1/2020
	Specialist Name/ID: J. Beck/9007