

502021-CT-021246-ANB

0528354

77

## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5   4   21-004608</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE			
	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>		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) <b>350 S US HIGHWAY 1 JUPITER FL 33477</b>						Location of Offense (Business Name, Address) <b>350 S US HIGHWAY 1, JUPITER, FL 33477</b>							
Date of Arrest <b>12/27/2021</b>		Time of Arrest <b>21:38</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle		
D E F E N D A N T	Name (Last, First, Middle) <b>KRIST, CHRISTINE MARIE</b>													
	Alias: _____													
	Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>08/15/1965</b>		Height <b>5'08</b>		Weight <b>170</b>		Eye Color <b>Green</b>		Hair Color <b>Blond</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>R weist (love love) Ankle: Dragon</b>		Marital Status <b>S.</b>		Religion <b>other</b>		Complexion <b>med</b>		Build <b>med</b>		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
	Local Address (Street, Apt. Number) <b>124 YACHT CLUB DR, NORTH PALM BEACH, FL 33408</b>						Phone <b>(561) 578-9365</b>							
	Permanent Address (Street, Apt. Number) <b>124 YACHT CLUB DR, NORTH PALM BEACH, FL 33408</b>						Phone <b>(561) 578-9365</b>							
	Business Address (Name, Street) <b>124 YACHT CLUB DR, NORTH PALM BEACH, FL 33408</b>						Phone <b>(561) 578-9365</b>							
	D/L Number, State <b>K623113657950 / FL</b>						Sec. Sec. Number							
	INS Number						Place of Birth (City, State) <b>LONG ISLAND, FL</b>							
	Citizenship <b>US</b>													
C O D E F	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	
	Parent <input type="checkbox"/> Other <input type="checkbox"/>						Name (Last, First, Middle)						Residence Phone	
	Legal Custodian						Address (Street, Apt. Number)						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			
	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					
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property		Value of Property					
	Drug Activity N. IWA P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperse/ Distribute M. Manufacture/ Product of 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. Synthetic U. Unknown Z. Other							
	C H A R G E	Charge Description <b>DUI - NORMAL FACULTIES IMPAIRED</b>						Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #				
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		
Charge Description						Statute Violation Number		Violation of ORD #						
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		
Charge Description						Statute Violation Number		Violation of ORD #						
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		
Health / Apparent Physical Condition of Defendant						Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries								
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By		Released By		Released To				
Transported By						Date Transported		Time Transported		Other				
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 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>02/02/2022 13:30:00</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													
	HOLD for Other Agency						Signature of Arresting Officer <b>Turner</b>		Name Verification (Printed by Arrestee) <b>TURNER JEFFREY</b>		ID. # <b>1098</b>			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other						Name of Arresting Officer (Print) <b>TURNER JEFFREY</b>		ID. # <b>1098</b>		Agency <b>321 Jupiter</b>			
	Intake Deputy <b>SPAWN 8101</b>						Pouch #		Transporting Officer <b>Turner</b>		ID. # <b>321 Jupiter</b>		Agency	
	Witness here if subject signed with an "X".													
	PAGE <b>1 OF 1</b>													

# PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number

Agency ORI Number

FL 0501700

Agency Name

JUPITER POLICE DEPARTMENT

Agency Report Number

5-4 21-004608

Charge Type:  
Check as many  
as apply.

☐ 1. Felony

☒ 3. Misdemeanor

☐ 5. Ordinance

☐ 2. Traffic Felony

☐ 4. Traffic Misdemeanor

☐ 6. Other

Special Notes:

Name (Last, First, Middle)

KRIST, CHRISTINE MARIE

Alias

Race  
W

Sex  
F

Date of Birth  
08/15/1965

Charge Description

316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)

STATE OF FLORIDA,

Race

Sex

Date of Birth

Local Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

Address Source

196 MILITARY TRL, JUPITER, FL 33458

(561) 746-6201

Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

Occupation

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.  
The Person taken into custody

☒ committed the below acts in my presence.

☐ was observed by \_\_\_\_\_ who told

☐ confessed to \_\_\_\_\_

admitting to the below facts.

☐ was found to have committed the below acts, resulting from my (described) investigation.

On the 27 day of December 2021 at 21:38 (Specifically include facts constituting cause for arrest.)

On Monday, December 27, 2021 at about 9:08pm, I was travelling southbound on U.S. Highway 1 just south of East Indiantown Rd in my marked patrol vehicle in the inside lane. While passing the 300 block of South U.S. Highway 1, I noticed a blue vehicle in the plaza on the west side of the road. The vehicle was approaching S. U.S. Highway 1 to turn into the southbound lanes. The blue vehicle, a 2016 Volkswagon bearing Florida tag ITUG57 turned right onto South U.S. Highway 1 directly in front of me, drifting into the inside lane. I had to swerve and quickly apply my brakes to avoid the Volkswagon striking my vehicle.

I initiated a traffic stop on the Volkswagon, which came to a stop along the right side of the southbound lanes of South U.S. Highway 1. I approached the vehicle on the driver's side and made contact with the driver and sole occupant, W/F Christine M. Krist (08-15-65), further referred to as Defendant.

The Defendant stated she could not believe she had pulled out in front of me. The Defendant appeared to be sobbing and upset. The Defendant's eyes appeared to be glassy. I asked the Defendant to exit her vehicle, to which she complied.

I noticed the odor of an unknown alcoholic beverage coming from the Defendant's person. I explained to the defendant that due to her driving pattern, along with my observations of her, I would be requesting she attempt to perform some standard field sobriety tasks. The defendant asked if she would automatically go to jail if she did not attempt to perform the tasks, and didn't know what to do. I then read the Defendant the Taylor warnings. The defendant then said she would attempt to perform the tasks.

The first task attempted was the Horizontal Gaze nystagmus. The defendant was swaying

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12-27-21

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

TURNER, JEFFREY (1098)

NAME OF OFFICER (PLEASE PRINT)

12/27/2021

DATE

PAGE

1 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 21-004608</b>				
	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				Special Notes:				
Name (Last, First, Middle) <b>KRIST, CHRISTINE MARIE</b>		Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/15/1965</b>			
<p>on her feet, and I noticed distinct sustained nystagmus at maximum deviation as well as lack of smooth pursuit.</p> <p>I then demonstrated to the Defendant the Walk and Turn task. While demonstrating this task, the Defendant attempted to begin before instructed to. The defendant then walked along the line with her arms extended horizontally, and walking and counting nine steps, never making heel to toe contact and stepping off the line.</p> <p>I then instructed the Defendant on the finger to nose task. While speaking the Defendant began to sob and sway on her feet. The defendant missed the tip of her nose on the first, third, fourth and fifth command.</p> <p>I then instructed the defendant on the One legged Stand. The defendant lifted her left foot and quickly counted to One thousand eleven, before setting her foot down. The defendant held her arms horizontally for balance and was swaying. The defendant complained of hip pain but said she would try again. The defendant lifted her left foot, and counted to one thousand one before dropping the foot.</p> <p>I asked the defendant if she knew the alphabet. The defendant said yeah, then began to quickly recite it without instruction. I asked the defendant to state the alphabet without singing it. The defendant completed this task.</p> <p>Based upon the defendant's driving pattern, along with my personal observations of her and her performance of the Standard Field Sobriety Tasks, Probable cause exists that the Defendant was driving under the influence. Florida Statute 316.193(1)(a).</p> <p>I then read the Defendant the Roadside breath request. The Defendant said she would not submit to a breath test. I then read the defendant Implied Consent, which she said she understood. The Defendant again refused to submit to a breath test.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><u><i>[Signature]</i></u> 3/3/2021</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p><u>12-27-21</u></p> <p>DATE</p> </div> <div style="width: 45%;"> <p><u><i>[Signature]</i></u> 3/3/2021</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>TURNER, JEFFREY (1098)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>12/27/2021</u></p> <p>DATE</p> </div> </div>									
								PAGE 2 OF 2	

COURT

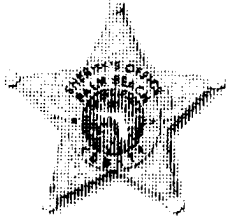
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.



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

PBSO CASE # \_\_\_\_\_ PBSO ZONE \_\_\_\_\_

AGENCY CASE # 21-4806 CRASH CASE # n/a

TIME OF STOP/CRASH 2106 DATE 12/27/2021 DAY Monday

SUBJECT'S NAME Krist Christine M RACE W SEX F  
LAST FIRST MID

HGT 5'08" WGT 170 DOB 08/15/1965

LOCATION 318 S. U.S. Highway 1 Jupiter FL 33477

ARRESTING OFFICER'S NAME & ID J. Turner 321/1098 AGENCY Jupiter PD

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

NOTIFIED BY COMMO N/A

ARRIVAL AT FACILITY N/As

ARREST TIME 2138

BREATH RESULTS:

1) REFUSAL
2)
3)
4)

TESTING OFFICER'S ID 321/1098 PBSO VIDEOTAPE # \_\_\_\_\_

## WITNESS LIST

CASE NUMBER: 21-4806

ARRESTING OFFICER: J. Turner 321/1098

ADDRESS: 210 MILITARY TRL, JUPITER FL 33458

PHONE NUMBERS (HOME) 561-746-6201 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Statements made on scene, roadside tasks and driver observations

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: \_\_\_\_\_

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: \_\_\_\_\_

# BREATH AND/OR URINE TEST

I, **J. Turner 321/1098**

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

am a member of **Jupiter PD**

(Name of law enforcement agency)

, and I do swear

or affirm that on or about the **27th** day of **December**, 20 **21**, at **2138** ☒ P.M. ☒ A.M.

DRIVER **Christine**

**M**

**Krist**

(Type or Print)

FIRST NAME

MIDDLE OR MAIDEN NAME

LAST NAME

DL# **K623113657950**

, state of **Florida**

, was placed under lawful arrest for

the offense of **Driving Under the Influence**

by **J. Turner 321/1098**

and

issued Citation # **ADB9GBE**

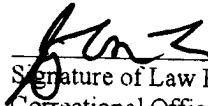
(Name of Arresting Officer)

That on or about the **27th** day of **Dec**, 20 **21**, at **2138** ☒ 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 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:

Signature of Attesting Officer

Title

Date

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this **27th** day of **Dec**, 20 **21**,

by **J. Turner 321/1098**,

who is personally known to me or who has produced

as identification

Notary Public

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.

HSMV-BAR1001 (REV. 10/2016)

SUBJECT: Krist, Christine, M

CASE NUMBER: 21-4806

## 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 J. Turner 321/1098 of the Jupiter PD

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: Read on Camera Krist, Christine, M

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: Read on Camera Krist, Christine, M



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021032656	Date: 12/28/2021
	Specialist Name/ID: M.Meek/33849