

2107 13108

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1  
Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number <b>78 - 21003408</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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2. No		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>NORTHLAKE BLVD/PEEBLES RD, PALM BEACH GARDENS, FL 33410</b>				Location of Offense (Business Name, Address) <b>MILITARY TRL/NORTHLAKE BLVD, PALM BEACH GARDENS, FL 33410</b>			
	Date of Arrest <b>08/06/2021</b>		Time of Arrest <b>21:45</b>		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) <b>WILKINSON, CINDY, ANN</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		Location of Vehicle <b>KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407</b>			
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>01/08/1965</b>		Height <b>502</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>		Marital Status <b>MARRIED</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>7715 MAYWOOD CREST DRIVE, WEST PALM BEACH, FL, 33412</b>		(City) <b>WEST PALM BEACH</b>		(State) <b>FL</b>		(Zip) <b>33412</b>	
CO-DEF	Permanent Address (Street, Apt. Number) <b>7715 MAYWOOD CREST DRIVE, WEST PALM BEACH, FL, 33412</b>		(City) <b>WEST PALM BEACH</b>		(State) <b>FL</b>		(Zip) <b>33412</b>	
	Business Address (Name, Street) <b>LYTAL REITER 515 N FLAGLER DR, WEST PALM BEACH, FL 33401</b>		(City) <b>WEST PALM BEACH</b>		(State) <b>FL</b>		(Zip) <b>33401</b>	
	D/L Number, State <b>W425101655080 FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>FT LAUDERDALE, FL</b>	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
JUVENILE	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Parent Legal Custodian Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Name (Last)		(First)		(Middle)	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
CHARGE	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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade		Value of Property	
	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	
CHARGE	Charge Description <b>DUI - NORMAL FACULTIES IMPAIRED</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)(A)</b>	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N</b>		Offense #	
	Charge Description <b>FAIL TO SIGN CITATION</b>		Counts <b>3</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(3)</b>	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N</b>		Offense #	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N</b>		Offense #	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N</b>		Offense #	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N</b>		Offense #	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N</b>		Offense #	
NOTICE TO APPEAR	Location (Court Room Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>		Court Date and Time Month <b>SEPTEMBER</b> Day <b>8</b> Year <b>2021</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		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.		Date Signed <b>08/06/2021</b>	
	Signature of Defendant (or Juvenile and Parent/Guardian) <b>[Signature]</b>		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arresting Officer) <b>[Signature]</b>		Date Signed	
	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>OFC. CAMERON CARVER</b>		I.D. # <b>471</b>		Page <b>1</b> OF <b>1</b>	
	Intake Deputy <b>[Signature]</b>		Transporting Officer <b>OFC. C. CARVER</b>		ID # <b>471</b>		Agency <b>PBGPD</b>	

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

J#0525069

PH1646

# D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 6 day of August 2021 at 21:33 ☐ AM ☒ PM

Subject: WILKINSON, CINDY, ANN Case Number: 21003408

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. CAMERON CARVER 471

## PERSONAL CONTACT

**DRIVING PATTERN:** (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Palm Beach Gardens Police Dispatch received a call from Loneale Brown, a concerned citizen who called after seeing the silver Audi driving all over the roadway. Brown followed the vehicle with her hazards on until Officer Mangel got behind the suspect vehicle and observed the following: the vehicle, a silver Audi bearing Florida Tag 540DLP was traveling southbound on Military Trail towards Northlake Blvd. The Audi was straddling the far-right white fog line. As the vehicle approached the intersection it was in the right turn lane to go westbound on Northlake Boulevard. The vehicle was past the stop bar and was sticking out into the intersection and waited in that position before completing the turn. The vehicle completed the turn in a wide manner going all the way to the far-left westbound lane of Northlake Blvd, not turning into the right lane as dictated by Florida State Statute 316.151(1)(A). Ofc. Mangel used his BWC to document further driving pattern on video. The vehicle was straddling the broken white lines separating the left and middle lanes, causing vehicles behind it to stand back. A traffic stop was then initiated, and she came to final rest on Northlake Boulevard and Peebles Rd with Ofc. Mangel making contact with the sole occupant and driver Cindy Wilkinson via her Florida driver's license.

## OBSERVATION OF DRIVER:

Bloodshot, glassy eyes. Strong odor of unknown alcoholic beverage coming from breath when speaking. Unable to stay focused while looking for insurance. Getting out of the vehicle, was swaying and stumbling. Leaned on vehicle and refused to move and turn around to be placed under arrest. Refused to remove jewelry from finger.

## DRIVER STATEMENTS:

Stated she was drinking and thought she was good to be driving. Refused to answer where she came from, how much she drank. Refused to exit vehicle and participate in roadsides. Demanded I called law enforcement friend to take her home. Asked for a ride home. Taylor Warnings were read and she stated she understood. Refused to provide breath sample. Refused to sign citations.

**ODORS:** Strong odor of unknown alcoholic beverage

## GENERAL OBSERVATIONS

**SPEECH:** Slurred, Quiet, Mumbled

**ATTITUDE:** Uncooperative, Defiant, Mood swings,

**CLOTHING:** Multi-colored flowered dress

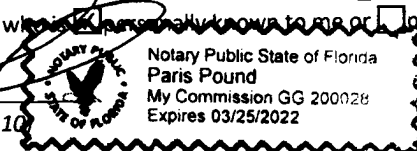
**MEDICAL/OTHER:** Refused on scene / Claimed Thyroid Issues.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

471  
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 6 day of August 2021 by  
OFC. CAMERON CARVER 471 who is ☒ personally known to me or ☐ produced

[Signature]  
Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

## D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: WILKINSON, CINDY, ANN

Case Number: 21003408

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

##### LEFT EYE

- ☐ Lack of Smooth Pursuit
- ☐ Distinct & Sust. Nystag. at Max. Deviation
- ☐ Onset of Nystagmus Prior to 45 Degrees

##### RIGHT EYE

- ☐ Lack of Smooth Pursuit
- ☐ Distinct & Sust. Nystag. at Max. Deviation
- ☐ Onset of Nystagmus Prior to 45 Degrees

#### Other Observations:

Bloodshot, glassy eyes.

#### Walk and Turn

Refused

#### One Leg Stand

Refused

#### Rhomberg

Refused

#### Finger to Nose

Refused

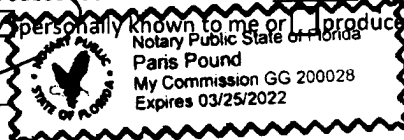
BREATH RESULTS: 1) REF @ 22:57 2) \_\_\_\_\_ @ \_\_\_\_\_ 3) \_\_\_\_\_ @ \_\_\_\_\_ 4) \_\_\_\_\_ @ \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 6 day of August 20 21 by  
OFC. CAMERON CARVER 471 who is ☒ personally known to me or ☐ produced

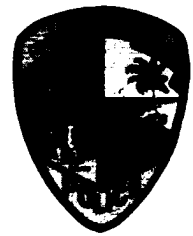
Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP



**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-093468 PBSO Zone: 3-13

Agency Case #: 21003408 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 21:33 Date of Incident: 08/06/2021 Day: FRIDAY

Location of Incident: MILITARY TRL/NORTHLAKE BLVD, PALM BEACH GARDENS, FL 33410

**Arrest Information:**

Time of Arrest: 21:45 Date of Arrest: 08/06/2021 Day: FRIDAY

Location of Arrest: NORTHLAKE BLVD/PEEBLES RD, PALM BEACH GARDENS, FL 33410

Subject's Name: (L) WILKINSON, (F) CINDY, (M) ANN

DOB: 01/08/1965 Race: W Sex: F Height: 502 Weight: 120 Hair RED Eye BLU

Address: 7715 MAYWOOD CREST DRIVE, WEST PALM BEACH, FL, 33412 Phone: (561) 632-8050

Arresting Officer's Name: OFC. CAMERON CARVER ID#: 471

Agency: PBGPD Division: TRAFFIC - DUI

**Breath Results**

- 1) REF at 22:57 hrs.
- 2) \_\_\_\_\_ at \_\_\_\_\_ hrs.
- 3) **REFUSED** at \_\_\_\_\_ hrs.
- 4) \_\_\_\_\_ at \_\_\_\_\_ hrs.

**---BAT Use---**

BAT Notified: YES

Arrival Time at BAT: 22:33

Subject Arrest Time: 21:45

Breath Test Operator: Pound 24639  
PBSO

SUBJECT: WILKINSON, CINDY A CASE NUMBER: PB6PD 21003408

## 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 Off Cameron Caver 471 of the Palm Beach Gardens 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: (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

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

I, **OFC. CAMERON CARVER**, 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 **6** day of **August**, 20 **21**, at **21:45** ☒ P.M. ☐ A.M.

DRIVER **CINDY** **ANN** **WILKINSON**  
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

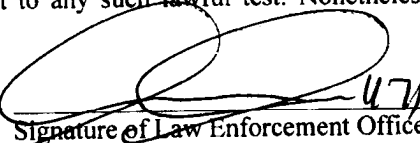
DL# **W425101655080**, state of **FL**, was placed under lawful arrest for

the offense of **DUI - NORMAL FACULTIES IMPAIRED** by **OFC. CAMERON CARVER** and  
 (Name of Arresting Officer)

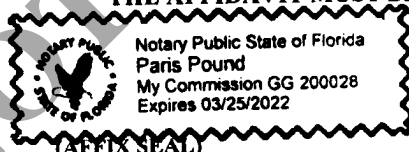
issued Citation # **A56HL1E**

That on or about the **6** day of **August**, 20 **21**, at **22:57** ☒ 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)**

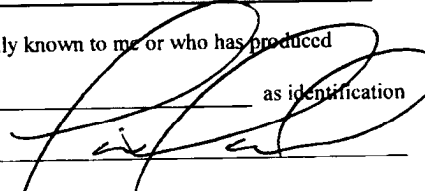


The foregoing instrument was sworn and subscribed before

me this **6** day of **August**, 20 **21**,

by **OFC. CAMERON CARVER**,

who is personally known to me or who has produced

  
 as identification  
 Notary Public

HSMV-BAR1001 (REV. 10/2016)

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: WILKINSON, CINDY A

CASE NUMBER: 21-093468

DATE: Aug 6, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:56

ENDING TIME: 22:59

BREATH TESTS RESULTS: 1) R TIME 22:57 A.M. ☐ P.M. ☒ 2) N/A TIME N/A A.M. ☐ P.M. ☐

3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLACK / PINK / WHITE / DRESS, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

**REFUSED**

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:33 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

NO Q&A CONDUCTED

SUBJECT: INVOKED HER RIGHTS TO COUNSEL

**REFUSED**

## DUI WITNESS LIST

**Arresting Officer:** OFC. CAMERON CARVER 471 Email: ccarver@pbgfl.com

**Agency Address:** 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445

**Can Testify To:** Facts of Case

**Backup Officers:** Ofc. Tim Mangel #515 / Ofc. Ryan Trudeau # 493 / Ofc. Tom Stevenson #353 / Ofc. Kristin Garito #500

**Agency Address:** 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445

**Can Testify To:** Traffic Stop / Scene Safety / Scene Safety / Search

**Crash Investigator:** \_\_\_\_\_ Email: \_\_\_\_\_

**Agency Address:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Breathalyzer Technician:** Pound ID: 24639 Agency: PBSO

**DRE:** \_\_\_\_\_ ID# \_\_\_\_\_ Agency Case #: \_\_\_\_\_

**Agency Address:** \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** LONDALE ROBINSON BROWN Involvement: WITNESS

**Address:** 840 NW 14TH WAY, FORT LAUDERDALE, FL, 3311 Phone: (954) 775-4673

**Can Testify To:** DRIVING PATTERN, CALLED 911 ☐ Wheel Witness

**Name:** \_\_\_\_\_ Involvement: \_\_\_\_\_

**Address:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ Involvement: \_\_\_\_\_

**Address:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ Involvement: \_\_\_\_\_

**Address:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ Involvement: \_\_\_\_\_

**Address:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness

**Name:** \_\_\_\_\_ Involvement: \_\_\_\_\_

**Address:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Can Testify To:** \_\_\_\_\_ ☐ Wheel Witness





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

**REVIEW COMPLETED BY**

Booking Number: 2021019524	Date: 8/7/2021
	Specialist Name/ID: T Howard/7185