

J# 0520243 20CT16408ASB R# 846

AD M I N I S T R A T I O N	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (O.T.A.'s only) <b>3, 2 2020-014100</b>		1. Arrest (On Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Copy 2.M.T.A. 5. Juvenile Referral		1		JUVENILE			
	Change Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 5. Misdemeanor <input type="checkbox"/> 6. Other <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor													
	Location of Arrest (Including Name of Business) <b>2102 N FEDERAL HWY, 2102 N FEDERAL HWY, BOCA RATON,</b>						Location of Offense (Business Name, Address) <b>2102 N FEDERAL HWY, BOCA RATON, FL 33431</b>							
	Date of Arrest <b>12/15/2020</b>		Time of Arrest <b>16:20</b>		Booking Date <b>12/15/2020</b>		Booking Time <b>16:30</b>		Jail Date <b>12/15/2020</b>		Jail Time <b>16:27</b>		Location of Vehicle <b>EMERALD TOWIN</b>	
	Name (Last, First, Middle) <b>GOLDSTEIN, DENA JO</b>													
	Alias: W. White 1 - American Indian Sex <b>F</b> Date of Birth <b>08/07/1964</b> Height <b>5'05</b> Weight <b>130</b> Eye Color <b>UNKNOW</b> Hair Color <b>BROWN</b> Complexion <b>LIGHT</b> Build <b>Small</b> Race, Marit, Tattoos, Unique Physical Features (Location, Type, Description)													
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2225 S OCEAN BLVD 15, DELRAY BEACH, FL 33483</b>						Phone <b>(561) 706-8640</b>			Business Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>2225 S OCEAN BLVD 15, DELRAY BEACH, FL 33483</b>						Phone <b>(561) 706-8640</b>			Address Source <b>SUBJECT</b>				
	Business Address (Name, Street) (City) (State) (Zip) <b>BUSINESS OWNER,</b>						Phone <b>(561) 703-1770</b>			Occupation				
	DL Number, State <b>G432170647870 / FL</b>		Sex, Age, Number		DOB Number		Place of Birth (City, State) <b>NY, United States Of</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 <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														
<input type="checkbox"/> Present <input type="checkbox"/> Other: _____ Name (Last, First, Middle) Residence Phone <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Business Phone Notified by: (Name) Date Time JUVENILE DISPOSITION 1. Held/Processed within 2. TOT JAC 3. Detained and Released 3. Detained Released To: (Name) 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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No: _____ Description of Property Value of Property														
Drug Activity S. Sell E. Snuggle K. Dispense/ M. Manufacture/ Z. Other N. N/A R. Buy D. Deliver Produce/ Cultivate P. Possess T. Traffic U. Use Drug Type M. N/A B. Barbiturate H. Hallucinogen F. Pharmaceutical/ U. Unknown A. Amphetamine C. Cocaine M. Marijuana Equipment Z. Other E. Heroin O. Opium/Diriv. S. Synthetic														
Change Description <b>DUI - PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED</b> State Violation Number <b>316.193(3C1)</b> Violation of ORD # Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Copies Number Bond <b>N / / / I <input type="checkbox"/> Y <input type="checkbox"/> N</b>														
Change Description State Violation Number Violation of ORD # Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Copies Number Bond <input type="checkbox"/> Y <input type="checkbox"/> N														
Change Description State Violation Number Violation of ORD # Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Copies Number Bond <input type="checkbox"/> Y <input type="checkbox"/> N														
Health / Apparent Physical Condition of Defendant <b>FAIR</b> Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delusional <input type="checkbox"/> Injuries Explain: Check which apply: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail PROPERTY - Received By <b>GONZALEZ</b> Released By <b>GONZALEZ</b> Released To <b>COUNTY JAIL</b> <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health Date Transported <b>12/15/2020</b> Time Transported <b>16:27</b> Other														
Transported By <b>GONZALEZ</b> Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b> Court Date and Time <b>01/25/2021 08:30:00</b> <input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.														
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE CHARGE 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 <b>12/15/20</b>														
HOLD for Other Agency Signature of Arresting Officer Name Verification (Printed by Arrestee) <input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest Name of Arresting Officer (Print) <b>GONZALEZ, C. M.</b> I.D. # <b>859</b> <input type="checkbox"/> Susceptible <input type="checkbox"/> Other Transporting Officer I.D. # Agency <b>GONZALEZ 859 BOCA</b>														
Initials <b>015 JUVENILE ROOM</b> Page # <b>1</b> of <b>1</b> Where here if subject signed with an "X".														

SCANNED DEC 16 2020 DEC 15 PM 7:31

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OSB Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2020-014100</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) <b>GOLDSTEIN, DENA JO</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/07/1964</b>
Charge Description <b>316.193(3C1)</b>	Charge Description			
Charge Description	Charge Description			

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race <b>U</b>	Sex <b>U</b>	Date of Birth
Local Address (Street, Apt. Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	(City) <b>BOCA RATON</b>	(State) <b>FL</b>	(Zip) <b>33432</b>
Business Address (Name, Street)	(City)	(State)	(Zip)

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 \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.     was found to have committed the below acts, resulting from my (described) investigation.  
 On the 15 day of December, 2020 at 15:46 (Specifically include facts constituting cause for arrest.)

On 12/15/20 at 1535 hours I responded to 2021 N Federal Hwy in reference to a vehicle accident investigation. Upon arrival, I came in contact with Dena Goldstein who was the driver of a green Toyota FJ Cruiser. Goldstein stated that her brakes had failed when she came in contact with the rear of Red Cadillac FL TAG# BUS163. All parties on scene did not need rescue for any injuries.

After speaking with Goldstein, I noticed that her speech was slurred and had poor balance.

I then spoke to the witness, John Buchan, who advised that he was traveling southbound on Federal Hwy. when he observed V-1 strike him from behind. Buchan advised that he suspected Goldstein of being under the influence as he observed her acting rather odd. Buchan gave a video taped recorded statement which has been submitted into evidence.

I asked Goldstein where she was coming from and she responded with "I just passed the Toyota dealership, so I turned around and that when my brakes failed on me and I struck the vehicle in front of me". Goldstein went on to complain about the brakes on her Toyota FJ Cruiser not functioning correctly. went on to say that she made a "poor choice" and was going to "leave it at that." Throughout our conversation, Goldstein displayed poor balance, a slurred speech.

After talking about the accident, Goldstein was read her Constitutional Rights to which she understood and agreed to answer my questions. . I asked if she would attempt the standard roadside exercises to dispel my alarm, she was driving impaired. She provided consent.

Goldstein was asked if she had any alcoholic drinks prior to operating a motor vehicle prior to our encountered to which replied with "no". Goldstein did utter that she took

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING/INVESTIGATING OFFICER <b>GONZALEZ, CHRISTIAN MICHAEL (859)</b> NAME OF OFFICER (PLEASE PRINT)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	DATE <b>12/15/2020</b>
DATE	PAGE <b>1 of 2</b>

OSTB Number _____	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE						
Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2020-014100</b>									
Charge Type: Check as many as apply. <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 1. Felony</td> <td><input type="checkbox"/> 3. Misdemeanor</td> <td><input type="checkbox"/> 5. Ordinance</td> </tr> <tr> <td><input type="checkbox"/> 2. Traffic Felony</td> <td><input checked="" type="checkbox"/> 4. Traffic Misdemeanor</td> <td><input type="checkbox"/> 6. Other</td> </tr> </table>					<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Special Notes: _____
<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance									
<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other									
Name (Last, First, Middle) <b>GOLDSTEIN, DENA JO</b>			Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/07/1964</b>						
<p>Xanax but had not taken any on today's date.</p> <p>I explained and demonstrated each task before he attempted them.</p> <p>The first task was the Horizontal Gaze Nystagmus. While observing HGN, a lack of smooth pursuit was present in both eyes. Each eye had a constant jerking while at maximum deviation. Onset prior to 45 degrees was also present. It was also hard to conduct this exercise because Goldstein kept moving her head from side to side.</p> <p>The second task was the Walk and Turn exercise. Goldstein could not complete the task correctly. Goldstein could not maintain the starting balance and kept losing her balance. As I was explaining the exercise, Goldstein stated, "this is hard" As Goldstein was trying to gain her balance, Goldstein was using her arms for balance. During the task, Goldstein did not go heel to toe at all and did not count out loud as instructed. Goldstein walked 12 steps forward, she then turned around and walked another 13 steps. She kept walking and proceeded to walk another 13 steps forward, she turned around and walked another 13 steps. In between turning, Goldstein shouted, "this is really hard, and my son is watching me."</p> <p>The third task was the One Leg Stand. After explaining the task and informing her that she could start the exercise, Goldstein could not proceed with the exercise as explained. I had to prompt Goldstein to start the task. She then asked how long she should attempt the task after I had just told her to continue the exercise until told to stop. Goldstein could not lift her right foot of the ground at all although she kept trying. Goldstein continued the exercise but continually lost her balance.</p> <p>The fourth task was to recite the alphabet from A to Z. Goldstein was able to execute this exercise with no issues.</p> <p>At 1634 hours, I placed Goldstein under arrest for DUI with property damage per F.S.S. 316.193(3C1) and transported her to Boca Regional so that she could be medically cleared for County Jail. Once medically cleared she was then transported to County Jail (BAT.) Goldstein stated that she would provide a urine test as she has prescriptions to all the medications she takes. Then recanted her statement and refused and requested a lawyer at which point all testing stopped.</p> <p>Goldstein was read applied consent two times.</p> <p>The vehicle was towed to Emerald Towing.</p>											
SWORN AND SUBSCRIBED BEFORE ME											
_____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER								
_____ DATE			<b>GONZALEZ, CHRISTIAN MICHAEL (859)</b> NAME OF OFFICER (PLEASE PRINT)								
_____ DATE			<b>12/15/2020</b> DATE								
					PAGE <b>2 of 2</b>						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006476 Software: 8100.27  
Date of Test: 12/15/2020

Date of Last Agency Inspection: 12/11/2020  
Observation Period Began: 17:25  
Subject's Name: DENA GOLDSTEIN

DOB: 08/07/1964 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	17:50
	Air Blank	0.000	17:51
	Control Test	0.080	17:51
	Air Blank	0.000	17:51
	Subject Sample #1	0.000	17:53
	Air Blank	0.000	17:53
	Air Blank	0.000	17:55
	Subject Sample #2	0.000	17:56
	Air Blank	0.000	17:56
	Control Test	0.080	17:57
	Air Blank	0.000	17:57
	Diagnostics Check	OK	17:57

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (X) is personally known to me or (  ) produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: Sue Owen Date: 12/15/2020  
Signature

Sworn to (or affirmed) before me this 15th day of December 2020

Signature of Notary Public-State of Florida

ofc. C. Gonzalez  
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

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

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

am a member of Boca Raton Police Dept, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 5 day of Dec, 2020, at 1546  P.M.  A.M.

DRIVER Dana FIRST NAME Goldstein LAST NAME  
(Type or Print) MIDDLE OR MAIDEN NAME

DL# 6Y32170647870, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by Off. Gonzalez and  
(Name of Arresting Officer)  
issued Citation # ABL030E.

That on or about the 15 day of Dec, 2020, at 1802  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]  
Signature of Law Enforcement Officer or Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**

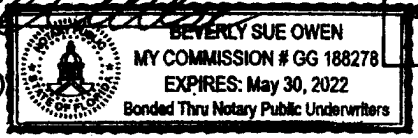
The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer  
Title \_\_\_\_\_  
Date \_\_\_\_\_

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this 16<sup>th</sup> day of December, 2020,  
by Off. Gonzalez,  
who is personally known to me or who has produced

\_\_\_\_\_  
as identification  
Notary Public

HSMV-BAR1001 (REV. 10/2016)



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.



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

PBSO CASE # 20137106 PBSO ZONE 7-11

AGENCY CASE # 2020-04100 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 1455 DATE 12/15/20 DAY Tuesday

SUBJECT'S NAME Dena Goldstein RACE W SEX F

HGT 5'5 WGT 130 DOB 08/07/64

LOCATION 2021 N Federal Hwy

ARRESTING OFFICER'S NAME & ID Parsons 859 AGENCY Boca Raton PD.

DIVISION: Traffic

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 1725

Arrest Time 1546

**BREATH RESULTS:**

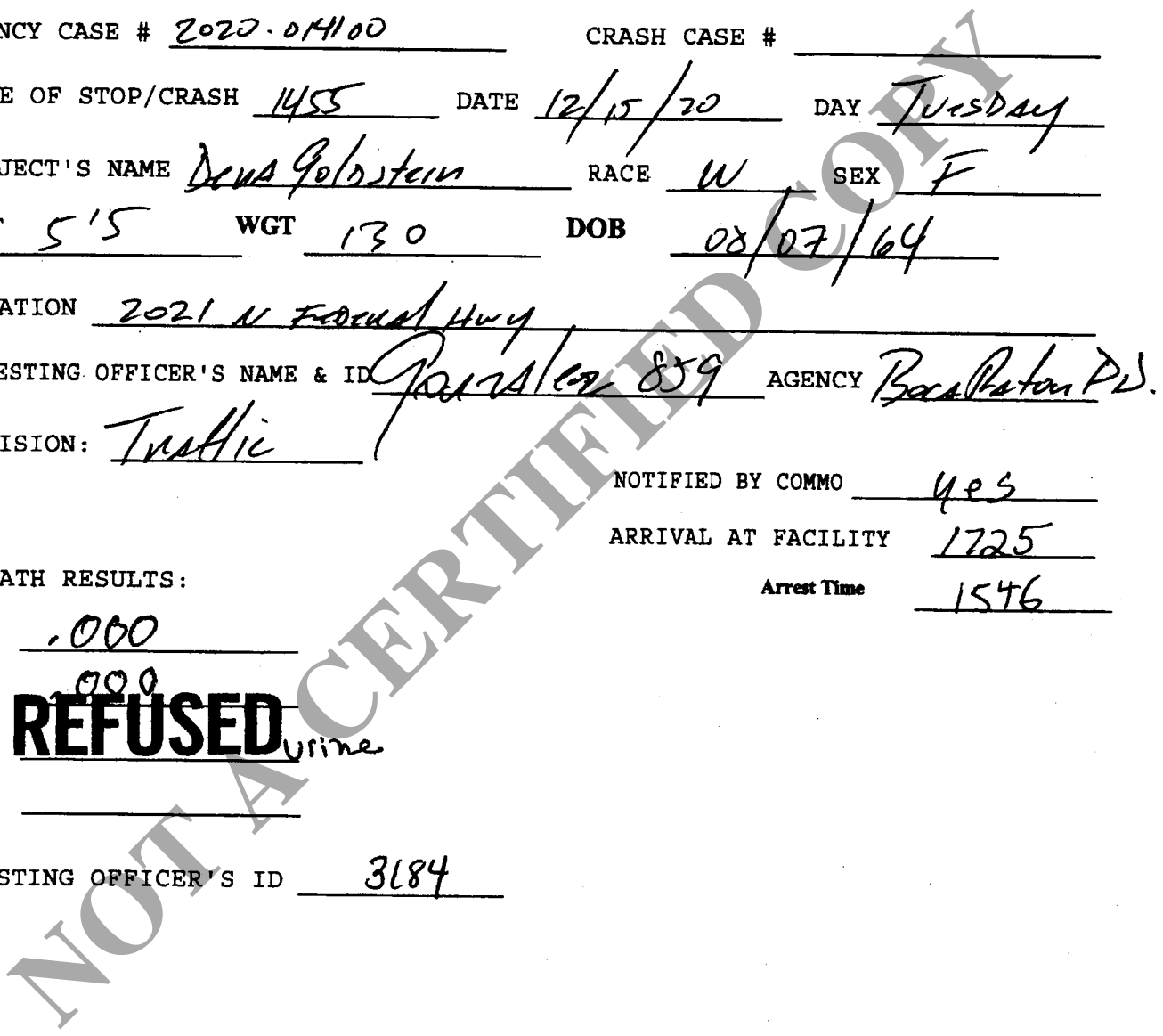
1. .060

2. .000

3. **REFUSED** urine

4. \_\_\_\_\_

TESTING OFFICER'S ID 3184



# TESTING FACILITY TASK REPORT

AGENCY: BOCA RATON P.D.

SUBJECT: GOLDSTEIN, DENA

CASE NUMBER: 20137106

DATE: 12/15/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1745

ENDING TIME: 1802

BREATH TESTS RESULTS: 1) .000 TIME 1753 A.M.  P.M.  2) .000 TIME 1756 A.M.  P.M.   
3) Refused TIME 1802 A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: ANGRY, UPSET UPON ARRIVAL THEN CALMED DOWN

CLOTHING: TENNIS SHOES, JEANS, GREY LONG SLEEVED SHIRT

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

BEGGED FOR A CIGARETTE. D/L NOT CARRIED. #G432170647870. FL

## COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1725 HOURS. A/O OBSERVED 20 MINUTES.

A/O REQUESTED BREATH TEST, DEFENDANT AGREED. NO PROBLEM WITH TEST, DEFENDANT BLEW .000'S. TECHNICIAN EXPLAINED RESULTS. A/O REQUESTED URINE, DEFENDANT REFUSED.

AO READ I/C THREE TIMES DEFENDANT DIDN'T UNDERSTAND, ASKED FOR ATTORNEY , NO Q & A



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

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2020029323	Date: 12/15/20
	Specialist Name/ID: J. Beck/9007