

21CT4117 JB

0528049

584
Juvenile

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1 8	
Agency Off Number FD, 5, 0, 0, 2, 0, 0		Agency Name BOCA RATON POLICE SERVICES DEPT.				Agency Report Number (N.T.A.'s only) 3, 2, 1, 2, 1, 10, 0, 3, 1, 8, 8, 11, 11					
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Used / Type 1. Yes 2. No		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 119 N Federal Hwy Boca Raton FL 33486						Location of Offense (Business Name, Address) 119 N Federal Hwy Boca Raton 33486					
Date of Arrest 03.16.21		Time of Arrest 10.01.3		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Higgins, Dennis K						Alias (Name, DOB, Soc. Sec. #, Etc.) At Scene					
Race W - White B - Black		1 - American Indian O - Oriental/Asian		Sex M		Date of Birth 06.09.62		Height 510		Weight 200	
Eye Color Blue		Hair Color Brown		Complexion Light		Build Med		Marital Status		Religion Catholic	
Local Address (Street, Apt. Number) 800 SE 20th Ave Deerfield Beach FL 33441						Phone (917) 863 2726		Residence Type: 1. City 2. County 3. Florida 4. Out of State		3	
Permanent Address (Street, Apt. Number) 800 SE 20th Ave Deerfield Beach FL 33441						Phone ()		Address Source Verbsl		Occupation	
D/L Number, State B4906263		INS Number		Place of Birth (City, State) New York, New York		Citizenship US		Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile		Co-Defendant Name (Last, First, Middle)		Race Sex Date of Birth	
Parent Legal Custodian Other:		Name (Last) (First) (Middle)		Residence Phone		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		Notified by: (Name) Date Time	
Released To: (Name)		Relationship		Juv Disposition Handled/Processed within Dept. and Released.		2. TOT HRS/DYS 3. Incarcerated		School Attended		Grade	
Property Crime? Yes No		Description of Property		Value of Property		The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 366-2529) informed of any change of address. Yes, by: (Name) No: (Plesant)		School Attended		Grade	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Struggle 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. Synthetic		U. Unknown Z. Other		Charge Description DUI	
Counts		Domestic Violence DY CN		Statute Violation Number 3.1, 6.11.9.3, 10.1A		Violation of ORD #		Drug Activity Drug Type Amount / Unit		Offense #	
Warrant / Copies Number		Bond		Charge Description		Counts		Domestic Violence DY CN		Statute Violation Number	
Violation of ORD #		Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Copies Number		Bond		Charge Description	
Violation of ORD #		Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Copies Number		Bond		Charge Description	
Violation of ORD #		Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Copies Number		Bond		Health/Apparent Physical Condition of Defendant	
Property - Rec'd. By		Released By		Released To		Any knowledge of the following, place an "X" and explain: Mental; Escape Risk; Medication; Deformities; Injuries		Explain:		Check which applies: Released O.R.; Posted Bond; Released to Parent/Guardian; S. County Mental Health; T.O.T. County Jail	
Transported By:		Date		Time		Other		Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) Fur Court Courthouse 200 W Atlantic Ave Deerfield Beach FL 33441	
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month April Day 8 Year 2021 Time 8:30 P.M.		Signature of Defendant (or Juvenile and Parent/ Custodian)		Date Signed		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.		SCANNED MAR 16 2021	
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature]		Name Verification (Printed by Arresting Officer)		Name of Arresting Officer (Print) Off Martel #11 ID # [ID]		Inmate/Deputy I.D. #		Pouch #	
Dangerous Suicidal		Releated Arrest Other:		Transporting Officer I.D. # Off Martel #11 ID # [ID]		Agency BPPD		Witness here if subject signed with an "X".		PAGE OF	

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FL0 5 0 0 2 0 0		Agency Name BOCA RATON POLICE SERVICES DEPT.	Agency Report Number 3 2 1 2 1 1 0 0 3 1 8 8 (1 1)
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes: DUI
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) Higgins Dennis K.	Alias	Race W	Sex M	Date of Birth 0.6.0.9.62
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Charge Description DUI 316.193(1)	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
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 ...

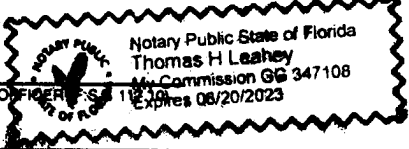


committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

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 March 2021 at 2353 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 03/15/21 at 2353 hours, I observed a disable vehicle in the intersection of NE 2nd St and Federal Hwy, within the jurisdiction of the city of Boca Raton, in the State of Florida, and palm Beach countv.

Dennis Higgins did commit the violation^{Am} of Driving Under the influence of an alcoholic beverage. Higgins did then drive or was in actual physical control of a motor vehicle, to-wit: 2013 Gray Mercedes Sedan (FL tag LQB22), while he was under the influence of an alcoholic beverage to the extent that his normal faculties were impaired. Breath was refused by Higgins.

SWORN AND SUBSCRIBED BEFORE ME		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER Off. Martel #11 NAME OF OFFICER (PLEASE PRINT)	SCANNED MAR 16 2021
 NOTARY PUBLIC / CLERK OF COURT / OFFICER OF A <u>03/16/2021</u> DATE			

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15th DAY OF March 20 21 AT 2356 AM PM

SUBJECT: Dennis K. Higgins CASE NUMBER: 21-3188

AGENCY: Boca Raton ARRESTING OFFICER: A. Martel ID 811

PERSONAL CONTACT

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

On March 15, 2021, at approximately 2356 hours, I observed a black Mercedes sedan (FL tag LQBR22), stopped in the middle of the intersection of N Federal Hwy. and NE 2nd St. Upon making contact with the driver, Dennis K. Higgins (W/M 06/09/1962), I observed signs of impairment, including alcohol odor. At that point, I commenced a DUI investigation.

OBSERVATION OF DRIVER:

I made contact with Higgins at the driver door and introduced myself as the Boca Raton Police Department. When Higgins began to speak, I immediately smelled an unknown alcoholic beverage's odor coming from Higgins' breath. I also observed that Higgins had sleepy, bloodshot, glassy eyes. I asked Higgins to perform the Standardized Field Sobriety Tasks (SFST's) to dispel my concerns of him driving while intoxicated. Higgins refused.

DRIVER'S STATEMENTS:

I asked Higgins at the scene if he had anything to drink tonight. Higgins said he did not have anything to drink. I asked Higgins to perform the SFST's, but he refused. I read Higgins the "Taylor Warnings" and asked him again to perform the SFST's multiple times, and he refused again. I arrested Higgins and transported him to the Palm Beach County Jail's BAT. At the BAT, I asked Higgins for a sample of his breath and refused by not answering, no. After reading his Miranda Rights, Higgins refused to answer any further questions.

ODORS:

Odor of an unknown alcoholic beverage coming from Higgin's breath

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Blue shirt, Tan pants, black shoes

MEDICAL/OTHER: None

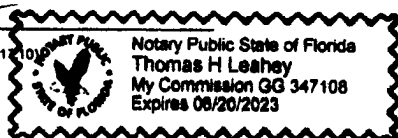
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of MARCH 2021 by OFC. A. MARTEL

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

Notary Public, Clerk of Court, Officer (F.S.S. 112.01)



SCANNED
MAR 16 2021

SUBJECT: Dennis K. Higgins

CASE NUMBER 21-3188

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

1) REFUSED	2)	3)	4)
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STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]

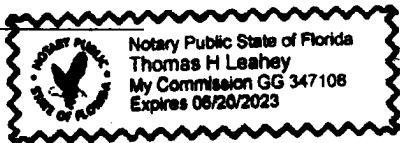
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of MARCH, 2021 by OFC. A. MARTEL

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

[Signature]

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



SCANNED
MAR 16 2021

TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: Higgins, Dennis K

DATE: Mar 16, 2021

BEGINNING TIME: 0158

CASE NUMBER: 21-045383

VIDEO DVD NUMBER: N/A

ENDING TIME: 0201

BREATH TESTS RESULTS: 1) R TIME 0200 A.M. P.M. 2) n/a TIME 0 A.M. P.M.

3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: cooperative

CLOTHING: tan pants, blue l/s shirt, black shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
unknown odor of alcoholic beverage on breath

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0135 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C

subject refused to perform breath test

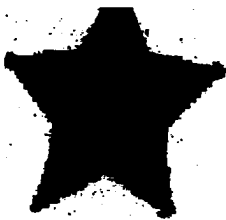
A/O read rights & subject understood rights

A/O attempted Q&A

subject declined to answer questions

REFUSED

SCANNED
MAR 16 2021



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

PBSO CASE # 21-045383 PBSO ZONE 7-11
 AGENCY CASE # 2021003188 CRASH CASE # 24098253
 TIME OF STOP/CRASH 23:56 DATE 03/15/21 DAY Monday
 SUBJECT'S NAME Dennis Higgins RACE White SEX Male
 HGT 510 WGT 200 DOB 06/09/1962
 LOCATION 199 N Federal HWY Boca Raton FL 33432
 ARRESTING OFFICER'S NAME & ID Ofc. Martel 811 AGENCY BRPD
 DIVISION: Patrol

NOTIFIED BY COMMO No
 ARRIVAL AT FACILITY 0135
 Arrest Time 0013

BREATH RESULTS:

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 19183

NOT A CERTIFICATE

SCANNED
 MAR 16 2021

SUBJECT: Higgins, Dennis K 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 _____ of the _____

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.

SCANNED
MAR 16 2021

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Higgins, Dennis K 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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SCANNED
MAR 16 2021

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

I, Officer Martel ID811, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 16 day of March, 20 21, at 0013 P.M. A.M.

DRIVER Dennis K. Higgins
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME


DL# 134900263, state of New York, was placed under lawful arrest for

the offense of DUI by A. Martel ID811 and
(Name of Arresting Officer)

issued Citation # A8FOYZE

That on or about the 16 day of March, 20 21, at 0130 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:

The foregoing instrument was sworn and subscribed before
me this 16 day of MARCH, 20 21,
by OFC. A. MARTEL

Signature of Attesting Officer

Title _____

Date _____

who is personally known to me or who has produced

POLICE ID as identification

Notary Public T Leahey

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.

SCANNED
MAR 16 2021

WITNESS LIST

CASE NUMBER: 21-3188

ARRESTING OFFICER: Officer Martel ID811

ADDRESS: 100 NW 2nd Ave. Boca Raton FL 33432

PHONE NUMBERS (HOME): _____ (WORK) (561) 368-6201

CAN TESTIFY TO: DUI Investigation

NAME: Officer De La Rua ID758

ADDRESS: 100 NW 2nd Ave. Boca Raton FL 33432

PHONE NUMBERS (HOME) _____ (WORK) 561-368-6201

CAN TESTIFY TO: DUI Investigation

NAME: Officer Horne ID791

ADDRESS 100 NW 2nd Ave Boca Raton FL 33432

PHONE NUMBERS (HOME) _____ (WORK) 561-368-6201

CAN TESTIFY TO: DUI Investigation

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: _____

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NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
MAR 16 2021



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: 2021006412	Date: 03/16/2021
	Specialist Name/ID: T Howard/7185