

0513864 / 3830 2020 CT000475 AX MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-023624	
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 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) Glades Road / Boca Lakes Dr, Boca Raton, FL 33434		Location of Offense (Business Name, Address) Glades Road / Boca Lakes Dr, Boca Raton, FL 33434					
Date of Arrest 01/08/2020	Time of Arrest 02:50	Booking Date 01/08/2020	Booking Time	Jail Date	Jail Time	Location of Vehicle Glades Road / Boca Lakes Dr, Boca Raton, FL 33434	
Name (Last, First, Middle) Wade, Don, Richard				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 7/22/1937	Height 5'09	Weight 150	Eye Color brown	Hair Color blond	Complexion light
Build small				Marital Status Divorced		Religion PROTESTANT	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none				Indication of Alcohol Influence <input type="checkbox"/> 1. City <input type="checkbox"/> 2. At Large		Indication of Drug Influence <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State	
Local Address (Street, Apt. Number) 269 Nw 15th St, Boca Raton, FL 33432		(City)		(State)		(Zip)	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
DL Number, State W300176372620, FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) Memphis, TN	
Citizenship US		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					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Residence Phone		Business Phone					
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / OYS 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	
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. Parapharmacia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description Driving Under the Influence		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)	
Violation of ORD #		Warrant / Capias Number		Bond			
Drug Activity N		Drug Type		Amount / Unit		Offense # 20-023624	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation of ORD #		Warrant / Capias Number		Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation of ORD #		Warrant / Capias Number		Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation of ORD #		Warrant / Capias Number		Bond			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) Criminal Justice Complex, Room #2, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600							
Court Date and Time Month February Day 3rd Year 2020 Time 1:00 AM <input type="checkbox"/> PM <input checked="" 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 01/08/2020							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S POINTU P.		I.D. # 16032	
Intake Deputy JAW 8101		I.D. #		Pouch #		Transporting Officer D/S POINTU P.	
I.D. #		Agency PSBO		ID # 16032		Agency PSBO	
Witness here if subject signed with an "X"		PAGE 1		OF 1			

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JAN 09 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8th DAY OF January 20 20, AT 02:07 AM PM

SUBJECT: Wade, Don, Richard CASE NUMBER: 20-023624

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

Don Wade was found seating on the driver seat of a blue Lexus bearing Florida tag HQXZ97 with the engine running, illegally parked on the South curb of Glades Road, at the intersection with Boca Lakes drive in unincorporated Boca Raton, Palm Beach County, Florida. Wade was the registered owner of the Lexus

OBSERVATION OF DRIVER:

Glassy and bloodshot eyes. Unsteady gait.

DRIVER'S STATEMENTS:

Admitted having been drinking 2 vodkas approximately one hour prior. Was confused about his current location as he believed that he was on US 441

ODORS:

slight odor of unknown alcohol beverage that became stronger when he talked

GENERAL OBSERVATIONS

SPEECH: slurred, slow

ATTITUDE: cooperative

CLOTHING: blue jean, blue polo shirt, blue jeans jacket, black sneakers

MEDICAL/OTHER: blood pressure and cholesterol medication

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of January 20 20 by D/S POINTU P.

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

Joshua Bell (#8656)

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



JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

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JAN 09 2020

SUBJECT: Wade, Don, Richard

CASE NUMBER 20-023624

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

No resting nystagmus. Swayed during the task and lost his balance. Vertical gaze nystagmus and Lack of Convergence present.

WALK & TURN:

Unable to maintain the instruction stance. Started before being told. Did not walk heel to toe. Stepped of the line. Used his arms to balance. Did not perform a proper turn. Stopped during the task. Improper count.

ONE LEG STAND:

Lower his leg multiple times. Used his arm to balance. Stopped the task before being told.

FINGER TO NOSE:

Used the pad of his finger instead of the tip on all steps. Kept his finger on his nose on multiple steps and had to be reminded to lower his hand. Touched his left eye on step 1, his right nostril on step 2, his septum on step 3 and 6, the bridge of his nose on step 4 and 5. On step 1 and 2 he was also hovering, searching for his nose. Had to be reminded to close his eyes multiple times.

ROMBERG ALPHABET:

Recited the alphabet correctly but swayed more than 2 inches on all directions. For the modified Romberg, stopped the 30s count at 20s.

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BREATH TEST RESULTS: 0.131 0.132

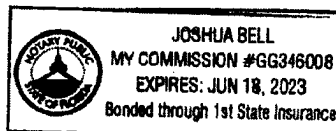
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of January 2020 by D/S POINTU P.

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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



WITNESS LIST

CASE NUMBER: 20-023624

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

NAME: ,,

ADDRESS: ,

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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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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: _____

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NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: WADE, DON R

CASE NUMBER: 20-023624

DATE: 01/08/20

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0357

ENDING TIME: 0417

BREATH TESTS RESULTS: 1) .131 TIME 0400 A.M./P.M. 2) .132 TIME 0404 A.M./P.M.
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: FIDGETY, COOPERATIVE

CLOTHING: BLUE JEAN JACKET, BLUE POLO SHIRT, BLUE JEANS, BLUE/WHITE SHOES

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, ACID REFLUX

MEDICATIONS: MEDICATIONS FOR MEDICAL CONDITIONS MENTIONED ABOVE

OTHER: EYES: GLASSY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

SUBJECT STATED HE DRANK 2 VODKA CRANBERRY MIXED DRINKS (Q AND A)

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0334 HRS

SUBJECT STATED HE WOULD TAKE BREATH TEST

AFTER BREATH TEST WAS COMPLETED SUBJECT USED THE RESTROOM

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

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SUBJECT: Wade, Don R

CASE NUMBER: 20-023624

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) _____

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.

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SUSPECT'S SIGNATURE: (X) Read On Camera

SUBJECT: Wade, Don R

CASE NUMBER: 20-023624

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? E WHERE DID YOU START? WELLINGTON

WHAT TIME DID YOU START? 11:00 AM WHAT TIME IS IT NOW? 1:00 PM

WHAT IS TODAY'S DATE? 1/8 WHAT DAY OF THE WEEK IS IT? MONDAY

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? 150 HAVE YOU BEEN DRINKING? NO WHAT? _____

HOW MUCH? 2 WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? 11:00 AND YOUR LAST DRINK? 1:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

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? NO 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? _____

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? TX

INTERVIEWER: D/S PointU #16032

**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: 80-006239 Software: 8100.27
Date of Test: 01/08/2020

Date of Last Agency Inspection: 12/06/2019
Observation Period Began: 03:34
Subject's Name: DON R WADE

DOB: 07/22/1937 Sex: M

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	03:59
	Air Blank	0.000	03:59
	Control Test	0.080	03:59
	Air Blank	0.000	04:00
	Subject Sample #1	0.131	04:00
	Air Blank	0.000	04:01
	Air Blank	0.000	04:03
	Subject Sample #2	0.132	04:04
	Air Blank	0.000	04:04
	Control Test	0.080	04:04
	Air Blank	0.000	04:05
	Diagnostics Check	OK	04:05

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of Palm Beach

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

I JOSHUA J BELL, 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: _____

Signature

Date: 01/08/20

Sworn to (or affirmed) before me this 08 day of January, 2020

P/S Pointu #16032

Signature of Notary Public-State of Florida

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.

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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:	

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REVIEW COMPLETED BY

Booking Number: 2020000757	Date: 1/8/2020
	Specialist Name/ID: Gammage/5660