

0129639

21CT-3640

1797

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N										
ADMINISTRATION	Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.				Agency Report Number 34-21-012298															
	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						If Weapon Seized Enter Type		Multiple Clearance Indicator													
	Location of Arrest (Including Name of Business) 689 NE 6TH CT, Boynton Beach, FL						Location of Offense (Business Name, Address) 689 NE 6TH CT, Boynton Beach, FL															
DEFENDANT	Date of Arrest 03/07/2021		Time of Arrest 22:19		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) Simon, Inga, Irma												Alias (Name, DOB, Soc. Sec. #, Etc)									
	W - White B - Black		I - American Indian O - Oriental / Asian		Race W		Sex F		Date of Birth 10/01/1970		Height 5'4		Weight 130		Eye Color Blue		Hair Color Brown		Complexion Light		Build Thin	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status Single		Religion Unk		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>					
	Local Address (Street, Apt. Number) (City) (State) (Zip) 710 NE 7TH ST APT 406, Boynton Beach Florida, 33462						Phone (561)436-4300		Residence Type 1. City 3. Florida 2. County 4. Out of State 1													
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Address Source FL DL													
	Business Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Occupation Student													
	D/L Number, State S512-409-70-861-0 FL						INS Number		Place of Birth Ft Lauderdale, FL		Citizenship USA											
	CO-DEF	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile								
		Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile								
JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)						Residence Phone															
	<input type="checkbox"/> Legal Custodian						Business Phone															
	<input type="checkbox"/> Other																					
	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															
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 561-355-2526) 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										
CHARGE	Drug Activity S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture Produce/ Cultivate Z. Other N. N/A B. Buy D. Deliver T. Traffic E. Use						Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv. S. Synthetic		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other							
	Charge Description DUI (Accident)						Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193.3		Violation of ORD#									
CHARGE	Drug Activity						Drug Type		Amount/Unit		Offense # 21-012298		Warrant/Capias Number		Bond							
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#									
CHARGE	Drug Activity						Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond							
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#									
CHARGE	Drug Activity						Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond							
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#									
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court						Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444															
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.						Court Date and Time Month April Day 12 Year 2021 Time 8:30 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.															
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 03/07/2021										
Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed										
ADMIN.	HOLD for other Agency Name:						Signature of Arresting Officer						Name Verification (Printed by Arrestee) (PRINT)									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) L. Nalerio						I.D. # 982									
	Initiating Deputy Danny L. Stewart						Pouch #		Transporting Officer L. Nalerio		I.D. # 982		Agency BBPD		Witness here is subject Signed with an SCANNED 1							

MAR 8 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7th DAY OF March 2021 AT 22:19 A.M P.M.

CASE #: 21-012298 DEFENDANT: Simpson, Inga, Irma

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 3/7/21 at approximately 2143 hours I responded to 689 NE 6TH CT in reference to a single motor vehicle accident. Upon arrival I observed silver Infinity G37X bearing FL tag NCKB82 facing southbound on NE 7TH ST off the roadway. The rear of the vehicle was on the grass area and the front portion of the vehicle was over the curb. The vehicle was occupied by w/f Inga Simpson who was the sole occupant of the vehicle. Prior to my arrival, Ofc. Jennings who was the first officer on scene advised to me that Simpson was in the driver seat with the vehicle turned on. Ofc Jennings told Simpson to turn the vehicle off and she pressed on the accelerator instead of turning the vehicle off. Officers had to assist Simpson as she didn't appear coherent enough to complete simple tasks. Ofc. Jennings investigated the accident. Simpson was not injured and advised that she didn't need medical attention.

Speaking to Simpson, she told me that she drove over the curb as she was trying to park her vehicle. Where Simpson was, there were no parking spots in the area and it was just grass area. Simpson said she was just trying to get home. Simpson's vehicle was disabled and unable to be operated because it was stuck on the curb. I asked Simpson if she was having a medical episode and she told me that she wasn't. While Simpson was on the driver seat of the vehicle, she was slouched on the seat and was unable to keep her head up. Every time Simpson spoke to me I could smell a strong odor of an unknown alcoholic beverage coming from her mouth area. I then asked Simpson to step out of the vehicle so I could gather more information. When Simpson attempted to step out of the vehicle, she almost lost balance and fell. I asked Simpson for her Driver's License which she told me it was in her purse. Simpson was looking for it and unable to find it. It was then found inside the vehicle. While she was out of the vehicle, Simpson was using the vehicle to balance herself. When Simpson went to close the driver side door, she closed the door on her arm. Simpson did not appear to feel any pain and was relaxed. Further speaking to Simpson, her speech was slurred and her eyes were blood shot. Simpson almost lost control on several occasions while speaking to me. Simpson advised that she was not injured and did not need medical attention. I advised Simpson that Ofc. Jennings had conducted the crash investigation and that I would start a DUI investigation;

I asked Simpson to walk to the nearest parking lot for me which was about 50 feet west of our location. While walking; Simpson still had a hard time walking and almost lost balance. Before starting my DUI investigation, I read Simpson her Miranda Rights which she advised that she would cooperate. I asked Simpson if she consumed any alcoholic beverage tonight which she told me that she had three bottles of wine. Simpson then changed it and told me that she had three glasses of wine. While Simpson was standing and talking to me, I could observe her swaying front and back. I still detected the smell of the unknown alcoholic beverage coming from Simpson's mouth area and every time she spoke it intensified. At times, it was difficult to understand Simpson because her speech was so slurred. Based on the above, I asked Simpson if she was willing to submit to Field Sobriety Exercise's (SFST'S). Simpson refused to partake in the exercises and I advised her of Taylor Warnings. I asked once again if Simpson would attempt the exercises and she refused once again. I advised Simpson that I would make a decision based on the totality of the circumstances. All Simpson kept saying was that she was almost home and to give her a chance. Simpson once again refused to partake in SFST'S. During my encounter with Simpson, I

could still smell the unknown alcoholic beverage smell coming from her mouth. Simpson was still swaying and slurring her speech while speaking to me. Based on Simpson's confession to drinking wine and then operating a vehicle. In addition to all the other clues noted, I determined that Simpson operated a vehicle while impaired.

Based on the above, I placed Inga Simpson under arrest for DUI pursuant to F.S.S 316.193. I then transported Simpson to PBCJ BAT. I arrived at the facility at 2234 hours and I started my 20 minutes observation at 2236 . Upon completion I requested Simpson to provide a sample of her breath to determine the alcohol content, which she refused. Simpson was read Implied Consent and she refused once again at 2300 hours.I advised Simpson of her Miranda Rights for the QUESTIONS AND ANSWERS which she refused to answer any questions.

The vehicle was towed by Becks.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input type="checkbox"/> Right eye prior to 45 degrees |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

Refused

ONE LEG STAND:

Refused

FINGER TO NOSE:

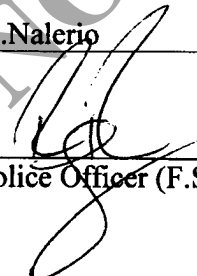
Refused

ROMBERG/ALPHABET:

Refused

The following instrument was sworn to before me this 7t day of March 2021

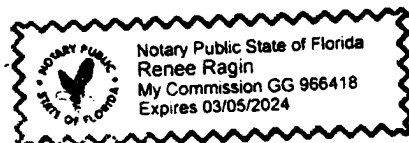
By: Ofc.Nalerio



Notary/Police Officer (F.S.S. 117.10)



Signature of Arresting Officer



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

I, Ofc. Nalerio _____, a duly certified Law Enforcement Officer
or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 7th day of March, 20 21, at 10:19 P.M. A.M.

DRIVER Inga Irma Simpson,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME


DL# S512-409-70-861-0, state of Florida, was placed under lawful arrest for
the offense of DUI by Ofc. Nalerio and
(Name of Arresting Officer)

issued Citation # AC862PE.

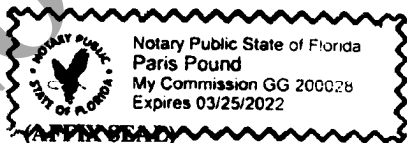
That on or about the 7th day of March, 20 21, at 10:19 P.M. A.M.

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

The foregoing instrument was sworn and subscribed before

Title _____

me this 7TH day of March, 20 21,

Date _____

by Ofc. Nalerio,

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.

CASE #: 21-012298

DEFENDANT: Simpson, Inga, Irma

Arresting Officer: Nalerio

Address: 2100 High Ridge, Rd , Boynton Beach

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: Ofc.Jennings

Address: 2100 High Ridge Rd, Boynton Beah

Phone Numbers: Home: _____ Work: _____

Can testify to: Accident report & wheel witness

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: _____



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

PBSO CASE # 21-042797 PBSO ZONE 6-12

AGENCY CASE # 21-012298 CRASH CASE # _____

TIME OF STOP/CRASH 21:43 DATE 3-7-21 DAY Sunday

SUBJECT'S NAME Inga Irma SIMPSON RACE White SEX Female

HGT 5'5 WGT 135 DOB 10-1-70

LOCATION 689 NE 6th Ct, Boynton Beach, FL

ARRESTING OFFICER'S NAME & ID Nalerio 982 AGENCY BBPD

DIVISION: Patrol

NOTIFIED BY COMMO y

ARRIVAL AT FACILITY 22:36

Arrest Time 2219

BREATH RESULTS:

1. REFUSED
3. _____
4. _____

TESTING OFFICER'S ID 24639

NOT A CERTIFIED

TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: SIMPSON, INGA I

CASE NUMBER: 21-042797

DATE: Mar 7, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:58

ENDING TIME: 23:01

BREATH TESTS RESULTS: 1) R TIME 23:00 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 TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLUE JEANS, BROWN SWEATER , BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:36 HRS.
SUBJECT: REFUSED TO TAKE TEST
A/O: READ I/C
SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TEST
A/O: READ RIGHTS
SUBJECT: STATED SHE UNDERSTOOD RIGHTS
A/O: ATTEMPTED Q&A
SUBJECT: REFUSED QUESTIONS

REFUSED
REFUSED

SCANNED
MAR . 8 2021

SUBJECT: SMITHSON INQUIRY I 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: _____

SCANNED

MAR 8 2021

SUBJECT: _____ 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) _____

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) _____

SCANNED



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: 2021005734	Date: 3/8/2021
	Specialist Name/ID: T Howard/7185

SCANNED
MAR . 8 2021