

20 CT 8455 SB

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 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-086714</b>		
	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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator <b>01</b>		
	Location of Arrest (Including Name of Business) <b>7036 Palmetto Park Road, Boca Raton, FL</b>				Location of Offense (Business Name, Address) <b>7036 Palmetto Park Road, Boca Raton, FL</b>				
DEFENDANT	Date of Arrest <b>07/11/2020</b>	Time of Arrest <b>20:14</b>	Booking Date <b>07/11/2020</b>	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Westway Towing, 1700 NW 1st Ave, Boca Raton, FL 33432, (561) 348-4466</b>		
	Name (Last, First, Middle) <b>Chaiken, Isabelle, Anne</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>7/8/1961</b>	Height <b>5'07</b>	Weight <b>155</b>	Eye Color <b>green</b>	Hair Color <b>brown</b>	Complexion <b>light</b>	Build <b>medium</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>none</b>				Marital Status <b>Single</b>	Religion <b>JEWISH</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		
	Local Address (Street, Apt. Number) <b>8095 Mizner Ln, Boca Raton, FL 33433</b>			(City)	(State)	(Zip)	Phone <b>(561) 252 9100</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Address Source <b>DL</b>	
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation <b>designer</b>	
D/L Number, State <b>C250401617480, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Orange, NJ</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		
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		
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)	(Middle)	Residence Phone			
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone		
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 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	
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. Paraphernalia/ Equipment S. Synthetics	
Charge Description <b>Driving Under the Influence</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(A) C</b>		Violation of ORD #			
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>20-086714</b>	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>									
Court Date and Time Month <b>September</b> Day <b>14th</b> Year <b>2020</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM									
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.									
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed <b>07/11/2020</b>			
HOLD for other Agency Name:		Signature of Arresting Officer			Name Verification (Printed by Arrestee) <b>ISABELLE CHAIKEN</b>				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S POINTU P.</b>		I.D. # <b>16032</b>		PAGE	
Inmate Photo		I.D. #	Pouch #	Transporting Officer <b>D/S POINTU P.</b>		ID # <b>16032</b>	Agency <b>PBSO</b>	Witness here if subject signed with an -X <sup>u</sup> <b>01</b>	

SCANNED  
JUL 11 PM 1:11  
JUL 12 2020

J# 0517433

P# 3780

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11th DAY OF July 2020, AT 19:30 AM  PM

SUBJECT: Chaiken, Isabelle, Anne CASE NUMBER: 20-086714

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)

We were called by a witness who observed defendant driving into a parking lot, in front of 7036 Palmetto Park road, in unincorporated Boca Raton, Palm Beach County, Florida, keeping her turning lights on for twenty minutes, and drinking two 60ml bottles of Smirnoff Vodka while seating on the driver seat with the engine running.

I approached a beige Lexus bearing Florida tag IP47BN that was parked pulled in in front of the restaurant. The driver and only occupant of the vehicle was identified by her Florida driver's license as Isabelle Chaiken. Chaiken was the registered owner of the vehicle. The engine of the vehicle was still running.

## OBSERVATION OF DRIVER:

Glassy and bloodshot eyes. Sluggish.

Post arrest, was found in the vehicle four mini bottles of Smirnoff Vodka, two being empty, two being full.

## DRIVER'S STATEMENTS:

Initially told us that she had some Vodka a few hours earlier, but post Miranda would denied having been drinking anything.

## ODORS:

No odor noticed

## GENERAL OBSERVATIONS

SPEECH: slurred, slow

ATTITUDE: cooperative, repetitive, unable to stay focus on one task

CLOTHING: black pants, white top, black shoes

MEDICAL/OTHER: [REDACTED]

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 11th day of July 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)



SCANNED  
JUL 12 2020

SUBJECT: Chaiken, Isabelle, Anne

CASE NUMBER 20-086714

**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 type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                     | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                     |

**Other Observations:**

**moved her head, had difficulty focusing on the stimulus. No VGN. LOC present.**

**WALK & TURN:**

**Could not maintain the instructional stance. Started before being told twice. Used her arm to balance. Stopped while walking. Improper turn. Stepped off the line. Did not touch heel to toe at each step.**

**ONE LEG STAND:**

**Raised her left leg. Used her arms to balance. Put her foot down multiple times, almost at every count towards the end of the task.**

**FINGER TO NOSE:**

**Touched the bridge of her nose at each step. Kept her finger on her nose and had to be reminded at every step that she had to lower her hand. Opened her eyes.**

**ROMBERG ALPHABET:**

**Recited: A B C D F G H I J K L M N O P Q V R S Q Z**

**BREATH TEST RESULTS:      0.105                      0.107**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S POINTU P.**

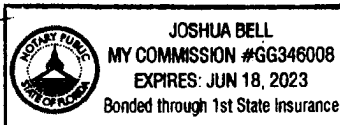
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of July 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)



SCANNED  
JUL 12 2020

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: CHAIKEN, ISABELLE A

CASE NUMBER: 20-086714

DATE: Jul 11, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2131

ENDING TIME: 2151

BREATH TESTS RESULTS: 1) .104vng TIME 2140 A.M.  P.M.  2) .105 TIME 2144 A.M.  P.M.   
3) .107 TIME 2148 A.M.  P.M.  4) N/A TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE

CLOTHING: WHITE TUBE TOP, BLACK CAPRIS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS:

## OTHER:

EYES: GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2103 HOURS

SUBJECT ASKED WHAT IF SHE REFUSED TO TAKE BREATH TEST

A/O READ I.C AND EXPLAINED

SUBJECT STATED SHE UNDERSTOOD I.C AND AGREED TO TAKE BREATH TEST

SUBJECT FAILED TO MAINTAIN STEADY TONE. AFTER REPEATED INSTRUCTIONS SUBJECT PROVIDED BREATH SAMPLES

TECH READ BREATH TEST RESULTS

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS ON SCENE

Q AND A NOT CONDUCTED

SCANNED  
JUL 12 2020

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: 07/11/2020

Date of Last Agency Inspection: 06/26/2020

Observation Period Began: 21:03

Subject's Name: ISABELLE ANNE CHAIKEN

DOB: 07/08/1961 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	21:36
	Air Blank	0.000	21:36
	Control Test	0.080	21:37
	Air Blank	0.000	21:37
	Subject Sample #1	VNM*	21:40
	Air Blank	0.000	21:41
	Air Blank	0.000	21:43
	Subject Sample #2	0.105	21:44
	Air Blank	0.000	21:45
	Air Blank	0.000	21:46
	Subject Sample #3	0.107	21:48
	Air Blank	0.000	21:49
	Control Test	0.079	21:49
	Air Blank	0.000	21:50
	Diagnostics Check	OK	21:50

\*Volume Not Met (0.104 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 28719080A1  
Exp: 12/05/2021

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: 07/11/20

Sworn to (or affirmed) before me this 11 day of July, 2020

D/S P. Pointu #16032

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

SCANNED  
JUL 12 2020

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.

SUBJECT: Chaiken, Isabelle A CASE NUMBER: 20-086714

## 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: D/S P. Pointu #16032

SCANNED  
JUL 12 2020

SUBJECT: Chaiken, Isabelle A CASE NUMBER: 20-086714

**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  
JUL 12 2020

SUSPECT'S SIGNATURE: (X) NOT Read on camera Read on scene



**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)(l)	Assets of a crime victim.	
	<input checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	3,6
	<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: 2020016719	Date: 07/12/2020
	Specialist Name/ID: AM/31562