

21 CT5322

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 21-051216	
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 1. Yes 2. No	Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 4605 COMMUNITY DRIVE			Location of Offense (Business Name, Address) 4605 COMMUNITY DRIVE, WEST PALM BEACH, FL 33417			
Date of Arrest 04/02/2021	Time of Arrest 0320	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle GARDEN TOWING

Name (Last, First, Middle) CROSBY, JACQUELINE, DENISE						Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W F	Date of Birth 11/17/1994	Height 506	Weight 145	Eye Color BROWN	Hair Color BROWN	Complexion MED	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO RIGHT SHOULDER SCORPIO				Marital Status Single	Religion BAPTIST	Indication of Alcohol Influence / Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unit <input type="checkbox"/>		
Local Address (Street, Apt. Number) 6352 SAILPOINT LANE, WEST PALM BEACH, FL 33413			Phone (561) 531-2491	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number)			Phone	Address Source DEFENDANT				
Business Address (Name, Street)			Phone	Occupation REAL ESTATE				
DL Number, State C621424949170,		Soc. Sec. Number		INS Number		Place of Birth (City, State) CHARLESTON, SC		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
Parent / Legal Custodian / 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 / 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 365-2628) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)			School Attended
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/Opium Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description BUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)A		Violation of ORD #		Warrant / Capias Number 21-051216		
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 21-051216	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406			
Court Date and Time Month APRIL Day 29TH Year 2021 Time 0830 AM <input checked="" type="checkbox"/> PM <input 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

Signature of Defendant (or Juvenile and Parent / Custodian) _____ Date Signed **04/02/2021**

HOLD for other Agency Name:	Signature of Arresting Officer D/S PALMER	Name Verification (Printed by Arrestee) (PRINT)
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Substantial	Name of Arresting Officer (Print) D/S PALMER #24520	I.D.# 24520
Initials (Last, First, Middle) LD.# Pouch #	Transporting Officer D/S PALMER	ID # Agency 24520 PBSO
Witness here if subject signed with an "X"		PAGE 1 OF 1

DISPOSITION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT N.T.A. PRINTED



0522385

APR 30 2021

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06 - 21-			
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.					Special Notes:			
Defendant's Name (Last, First, Middle)					Race	Sex	Date of Birth	
Charge Description				Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle)					Race	Sex	Date of Birth	
Victim's Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source	
Victim's Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation	
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...								
<input checked="" type="checkbox"/> committed the below acts in my presence.			<input type="checkbox"/> was observed by _____ who told _____					
<input type="checkbox"/> confessed to _____			that he/she saw the arrested person commit the below acts.					
<input type="checkbox"/> admitting to the below facts.			<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.					
On the 2nd day of APRIL, 2021 at 2:11 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).								

NARRATIVE:

On Friday, April 2nd 2021 at approximately 0211 hours, I Det. Rohman #8059 was securing the gate to the Violent Crimes Division located at 4605 Community Drive, West Palm Beach Florida, when I observed a gray in color Honda bearing Florida tag LUA-G38 parked in the east parking lot. As I approached the vehicle, I observed it running and a white female in the driver seat asleep. I observed an open Michelob beer can in the center console. I then requested for the DUI Unit to respond at which time Deputy Palmer arrived on scene and completed her investigation.

Sworn and Subscribed before me		#8059	
 Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)		 Signature of Arresting / Investigating Officer	
DIS S. Palmer #24520 Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)		Detective Rohman #8059 Name of Officer (Please Print)	
04/2/2021 Date		04/02/2021 Date	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2 DAY OF APRIL 20 21 AT 0211 AM PM

SUBJECT: CROSBY, JACQUELINE, DENISE CASE NUMBER: 21-051216

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S S PALMER #24520

PERSONAL CONTACT

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

I responded to 4605 Community Drive, West Palm Beach, in reference to a subject asleep behind the wheel. Upon arriving I met with Det. Rohman #8059 who stated he found a white female asleep in the drivers seat of a gray Honda bearing FL tag LUAG38. She was the sole occupant of the vehicle, and the engine was running. I observed an open Michelob Ultra beer can in the center console. See attached PC from Det. Rohman.

OBSERVATION OF DRIVER:

Upon my arrival, I observed a gray Honda with the engine running, with a white female asleep in the drivers seat. I also observed the car fob in the center console. I attempted to wake the driver by shining my flash light in her face. I then knocked on the door and window and the driver did not wake up. I then knocked firmly with my flashlight on the drivers side window. The driver eventually woke up and appeared extremely dazed. It took her several attempts to unlock and open the door. When she exited the vehicle, she was unsteady on her feet and used the car for balance. I then noticed the drivers seat and appeared wet from the driver urinating. Her shorts appeared wet and I observed urine dripping down her leg.

DRIVER'S STATEMENTS:

The defendant stated she pulled over to sleep because her medicine made her feel drowsy, she did not know where she was or what time it was. She stated she left a car dealership at approx 5:36pm. She stated she takes Clonazepam and Prozac and told me she last took the medicine at 1pm, and then told me later on she took them at 5pm. She denied having any physical defects, and then later stated she could not walk in a straight line due to having scoliosis. She stated she drank one beer, which she purchased at an unknown gas station.

ODORS:

SMELL OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH AND INSIDE CAR.

GENERAL OBSERVATIONS

SPEECH: slurred, slow

ATTITUDE: mood swings, crying, dazed,

CLOTHING: black tank top, soiled camo shorts, and black sandals

MEDICAL/OTHER: depression, anxiety, scoliosis

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S S PALMER #24520
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of APRIL 20 21 by D/S S PALMER #24520

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

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



SCANNED
APR 03 2021

SUBJECT: CROSBY, JACQUELINE, DENISE CASE NUMBER 21-051216

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input 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:

DEFENDANTS EYES DIS-PLAYED LOC. DEFENDATS PUPILS WERE DIALATED AND MINIMALLY RESPONSIVE TO LIGHT. SUBJECT SWAYED WHILE PERFORMING THIS TASK. THE DEFENDANT MOVED HER HEAD WHILE FOLLOWING THE STIMULUS. THE DEFENDANT WAS ASKED TO CLOSE HER EYES AND ESTIMATE THIRTY SECONDS WITHOUT COUNTING OUT LOUD. THE DEFENDANT OPENED HER EYES AND SAID SHE WAS DONE WHEN 45 SECONDS HAD ELAPSED.

HAND COORDINATION:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE HAND COORINATION TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant rolled her fists during this task. She did not count in the correct order. She did not walk her hands in a backwards motion. She did not say 9 and bring her fists to her chest. She did not say done at the end of the task.

PALM PAT:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE PALM PAT. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant began slowly, the sped up slightly, then slowed down again.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant swayed while standing. The defendant eye lids twitched while her eyes were closed. The defendant used the pad of her finger instead of the tip. The defendant touched the side of her nose twice instead of the tip of her nose. The defendant hesitated to bring her finger back down to her side.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant swayed while standing. The defendant started to sing "L,M,N,O,P". The defendant missed the letter "T". The defendant then asked if she did it correctly. The defendant opened her eyes while stating the alphabet.

BREATH TEST RESULTS: 1) REFUSED 2) REFUSED 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S S PALMER #24520

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of APRIL, 2021 by D/S S PALMER #24520

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

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



SCANNED
APR 03 2021

WITNESS LIST

CASE NUMBER: 21-051216

ARRESTING OFFICER: D/S S PALMER #24520

ADDRESS: PBSO

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

CAN TESTIFY TO: DUI INVESTIGATION

NAME: CPL. SOLOWAY #8586

ADDRESS: PBSO

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

CAN TESTIFY TO: ASSISTED WITH DUI INVESTIGATION

NAME: DET. ROHMAN # 8059

ADDRESS PBSO

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

CAN TESTIFY TO: WHEEL WITNESS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
APR 03 2021

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: Crosby, Jacqueline D.
DATE: Apr 2, 2021
BEGINNING TIME: 03:58

CASE NUMBER: 21-051216
VIDEO DVD NUMBER: N/A
ENDING TIME: 04:04

BREATH TESTS RESULTS: 1) Refusal TIME 04:02 A.M. P.M. 2) N/A TIME A.M. P.M.
3) N/A TIME A.M. P.M. 4) N/A TIME A.M. P.M.

BREATH OPERATOR: R. Ragin #16877
MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick
ATTITUDE: Crying, talkative, moodswings, upset
CLOTHING: Black & gray shorts, gray hoodie, black flip-flops
MEDICAL CONDITIONS: Anxiety, heart, thyroid
MEDICATIONS: takes lots on medications

OTHER:
Eyes are glassy, watery

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 03:35 hrs.
Subject refused to perform breath test.
A/O read I/C 3x.
Subject refused to take test.
A/O did not read rights or Q&A due to subject invoked the right to counsel.

REFUSED

SCANNED
APR 03 2021
APR 03 2021

Case No. 1. CASE NUMBER

12

OR

of the

head and

REGIONAL

R. A.

Josephine D.

CASE NUMBER

QUESTIONS AND ANSWERS

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THESE RIGHTS IN MIND. YOU MAY STOP AT ANY TIME.

1. WHAT TIME DID YOU STOP WORK ON THE DATE OF THE STOP/ACCIDENT?

2. HOW LONG DID YOU STOP WORK?

3. HOW LONG DID YOU STOP WORK?

4. WHAT TIME DID YOU STOP WORK?

5. WHAT DAY OF THE WEEK IS IT?

6. WHAT CITY ARE YOU IN?

7. WHAT DID YOU EAT?

8. HOW MUCH DID YOU WEIGH?

9. HOW MUCH DID YOU WEIGH?

10. HOW MUCH DID YOU WEIGH?

11. HOW MUCH DID YOU WEIGH?

12. CAN YOU FEEL ANY PAIN OR DISCOMFORT?

13. HAVE YOU GOTTEN ANY OTHER INJURIES SINCE THE ACCIDENT?

14. HOW LONG DID YOU STOP WORK?

15. HOW LONG DID YOU STOP WORK?

16. HOW LONG DID YOU STOP WORK?

17. HOW LONG DID YOU STOP WORK?

18. HOW LONG DID YOU STOP WORK?

19. HOW LONG DID YOU STOP WORK?

20. HOW LONG DID YOU STOP WORK?

21. HOW LONG DID YOU STOP WORK?

22. HOW LONG DID YOU STOP WORK?

23. HOW LONG DID YOU STOP WORK?

24. HOW LONG DID YOU STOP WORK?

25. HOW LONG DID YOU STOP WORK?

26. HOW LONG DID YOU STOP WORK?

27. HOW LONG DID YOU STOP WORK?

28. HOW LONG DID YOU STOP WORK?

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

I, Deputy Sheriff SAMANTHA PALMER, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)

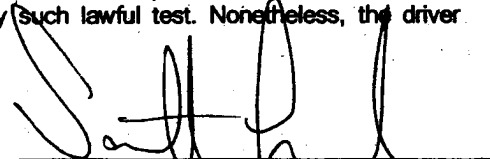
or affirm that on or about the SECOND day of April, 2021, at 5:16 AM

DRIVER JACQUELINE DENISE CROSBY
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # C621424949170, state of FL, was placed under lawful arrest for
the offense of DUI by Deputy Sheriff LE SAMANTHA PALMER and
(Name of Arresting Officer)
issued Citation # AEA7ECE

That on or about the SECOND day of April, 2021, at 5:22 AM
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 (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 of
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 2 day of April, 2021
by D/S S. Palmer
who is personally known to me or who has produced
[Signature] as identification.
Notary Public [Signature]

Signature of Attesting Officer
Title _____
Date _____

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**
Florida State Statute Exemption Sheet

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: 2021007921	Date: 4/3/21
	Specialist Name/ID: A. Pinkney/7796

SCANNED
APR 03 2021