

#0480577

50-2020-CT-011692-ANB

048 880

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias

1

Juvenile N

OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78- 20-004181	
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	
Location of Arrest (Including Name of Business) PGA BLVD/N MILITARY TRAIL, PBG, FL 33410		Location of Offense (Business Name, Address) PGA BLVD/N MILITARY TRAIL, PBG, FL 33410					
Date of Arrest 09/20/2020	Time of Arrest 01:14	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405	
Name (Last, First, Middle) Agosto, Jalisa,				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 01/26/1992	Height 500	Weight 115	Eyes Color BRO	Hair Color BRO	Complexion MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) "KEEP GOING" LEFT WRIST TATOO				Marital Status S	Religion UK	Indication of Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1110 LAKE SHORE DR #101		(City) LAKE PARK	(State) FL	(Zip) 33403	Phone (561) 420-7489		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>
Permanent Address (Street, Apt. Number) 1110 LAKE SHORE DR #101		(City) LAKE PARK	(State) FL	(Zip) 33403	Phone (561) 420-7489		Address Source FL DL
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation BARTENDER
D/L Number, State A223420925260 FL		INS Number		Place of Birth (City, State) BROOKLYN, NY		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Name (Last) (First) (Middle)		Residence Phone		Address (Street, Apt. Number) (City) (State) (Zip)			
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		Notified by: (Name) Date Time			
Released To: (Name) Relationship		Date		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
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
Charge Description D.U.I BREATH .08 OR ABOVE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(C)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-004181	Warrant / Capias Number		Bond OR	
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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700							
Court Date and Time Month OCTOBER Day 21 Year 2020 Time 10:00 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 FULLY 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 09/20/2020							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer Ofc. Dean Morea #517		Name Verification (Printed by Arrestee) AM 6			
Intake Deputy DS/CO/MS 7022		Name of Arresting Officer (Print) Ofc. Dean Morea #517		I.D. # #517		Agency PBGPDP	
Witness here if subject signed with an "X"		Page 23		Page 1		Page 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20 DAY OF SEPTEMBER 20 20, AT 0114 AM PM

SUBJECT: Agosto, Jalisa, CASE NUMBER: 20-004181

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Dean Morea #517

PERSONAL CONTACT

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

On September 20, 2020, at 12:21 a.m., Officer Faris and FTO Hanton, while on patrol observed a silver Toyota Camry bearing Florida Tag: LKFP31 driving westbound on PGA Boulevard approaching North Military Trail in the city of Palm Beach Gardens, Palm Beach County, Florida. Officer Faris paced the vehicle with his marked patrol vehicle driving 55 mph in a posted 45 mph zone and observed the vehicle fail to maintain its lane of travel. The vehicle then accelerated to 60 mph. The vehicle braked slightly and accelerated again to 65 mph, which Officer Faris paced the vehicle at, as he approached PGA Boulevard. At that time Officer Faris, activated his emergency lights and initiated a traffic stop on the vehicle.

On Officer Faris's approach to the vehicle, he made contact with the female driver later identified to him by her Florida Driver's license as, Jalisa Agosto (H/F DOB: 1/26/1992). At that time, I, Officer Morea #517 arrived on scene and observed Agosto in the driver's seat.

OBSERVATION OF DRIVER:

Agosto had very red and glassy eyes. When I asked Agosto to exit the vehicle, she had to lean up against the vehicle to maintain balance.

DRIVER'S STATEMENTS:

Agosto stated she was at Carmine's Restaurant where she had a Martini alcoholic beverage. Agosto spontaneously stated that she was drunk and "fucked up" numerous times to me.

ODORS:

Strong odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, fidgety, cooperative

CLOTHING: blue jean short overalls, white tank top, leopard print shoes

MEDICAL/OTHER: efexor

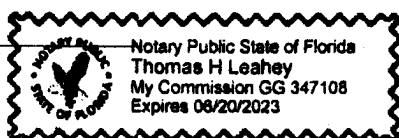
STATE OF FLORIDA
COUNTY OF PALM BEACH

 #517
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of SEPTEMBER 20 20 by Ofc. Dean Morea

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


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



SUBJECT: Agosto, Jalisa, CASE NUMBER 20-004181

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:

Failed to keep head straight, continued to follow the stimulus with her head rather than just her eyes.

WALK & TURN:

Stepped off line
Did not count out loud
Walked more than 9 steps
Missed heel to toe on all steps
Arms out in the air
Improper turn

ONE LEG STAND:

Did not count
Arms were out in the air
Lost balance numerous times
Did not count in the proper manner

ROMBERG ALPHABET:

Agosto recited the following: A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,Q,R,S,T,Q,V,W,X

FINGER TO NOSE:

Touched forehead, side of nose, cheek etc.
Opened eyes
Stepped off line
Raised wrong hand

BREATH TEST RESULTS: 1) .196 2) .203 3) 4)

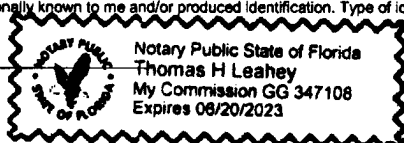
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of SEPTEMBER 2020 by Ofc. Dean Morea

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

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



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: 80-006477 Software: 8100.27
Date of Test: 09/20/2020

Date of Last Agency Inspection: 09/18/2020

Observation Period Began: 01:50

Subject's Name: JALISA AGOSTO

DOB: 01/26/1992 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	02:15
	Air Blank	0.000	02:16
	Control Test	0.080	02:16
	Air Blank	0.000	02:16
	Subject Sample #1	0.196	02:18
	Air Blank	0.000	02:19
	Air Blank	0.000	02:20
	Subject Sample #2	0.203	02:21
	Air Blank	0.000	02:22
	Control Test	0.078	02:22
	Air Blank	0.000	02:22
	Diagnostics Check	OK	02:23

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 THOMAS H LEAHEY, 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: T Lehey Date: 09/20/2020
Signature

Sworn to (or affirmed) before me this 20th day of September, 2020

[Signature] Signature of Notary Public-State of Florida
Ofc D Morea # 517 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..

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Agosto, Jalisa

CASE NUMBER: 20-108794

DATE: 09/20/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0212

ENDING TIME: 0224

BREATH TESTS RESULTS: 1) .196 TIME 0218 A.M. P.M. 2) .203 TIME 0221 A.M. P.M.
3) 0 TIME n/a A.M. P.M. 4) 0 TIME n/a A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: cooperative, talkative, fidgety

CLOTHING: blue jean short overalls, white tank top, leopard print shoes

MEDICAL CONDITIONS: depression

MEDICATIONS: efexor

OTHER:

eyes are glassy & bloodshot

odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0150 hrs.

subject refused to perform breath test

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

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O did not attempt Q&A

subject invoked right to counsel questions



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

PBSO CASE # 20-108794 PBSO ZONE 3-13

AGENCY CASE # 20004181 CRASH CASE # _____

TIME OF STOP/CRASH 0031 DATE 09/20/2020 DAY SUNDAY

SUBJECT'S NAME Agosto Jalisa RACE W SEX F
LAST FIRST MID

HGT 500 WGT 115 DOB 01/26/1992

LOCATION PGA BLVD/N MILITARY TRAIL, PBG, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Dean Morea #517 AGENCY PBGPD

DIVISION: PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 01:50

ARREST TIME 01:14

BREATH RESULTS:

- 1) .196
- 2) .203
- 3) N/A
- 4) N/A

BREATH TEST OPERATOR: 19183

WITNESS LIST

CASE NUMBER: 20-004181

ARRESTING OFFICER: Ofc. Dean Morea

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Officer Garito

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: SFST'S

NAME: OFFICER HANTON & FARIS

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: TRAFFIC STOP

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SUBJECT: Agudo, Talisa CASE NUMBER: 20-00118

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: _____

SUBJECT: Agosto, Jalisa CASE NUMBER: 20-00412

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) Rad on Paulina



**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"/>	(vii) 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: 2020022220	Date: 9/20/2020
	Specialist Name/ID: Gammage/5660