

J-0517081

20CT7553SB P-3317

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

Agency ORI Number <b>0500400</b>	Agency Name <b>Delray Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>4, 0   20-008548</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	If Weapon Seized Enter Type <b>None/not Applicable</b>
Location of Arrest (Including Name of Business) <b>1 NE 5TH AVE DELRAY BEACH, FL</b>		Location of Offense (Business Name, Address) <b>1 NE 5TH AVE, DELRAY BEACH, FL 33483</b>
Date of Arrest <b>06/21/2020</b>	Time of Arrest <b>03:23</b>	Booking Date <b>06/21/2020</b>
Booking Time <b>03:33</b>	Jail Date <b>06/21/2020</b>	Jail Time <b>05:41</b>
Name (Last, First, Middle) <b>KURTZO, JASON KING</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/07/1976</b>
Height <b>5'07</b>	Weight <b>160</b>	Eye Color <b>HAZEL</b>
Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>	Build <b>MEDIUM</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>CHRISTIAN</b>
Local Address (Street, Apt. Number) <b>1211 1ST ST UPRR, NEPTUNE BEACH, FL 32266</b>		Phone <b>(904) 366-6817</b>
Permanent Address (Street, Apt. Number) <b>1211 1ST ST UPRR, NEPTUNE BEACH, FL 32266</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>
Business Address (Name, Street) <b>1211 1ST ST UPRR, NEPTUNE BEACH, FL 32266</b>		Address Search <b>FL DL</b>
DL Number, State <b>K632431762470 / FL</b>		Occupation <b>Chef</b>
Soc. Sec. Number		Place of Birth (City, State) <b>JACKSONVILLE, FL</b>
INS Number		Citizenship <b>US</b>
Co-Defendant Name (Last, First, Middle)	Race	Sex
Co-Defendant Name (Last, First, Middle)	Race	Sex
Name (Last, First, Middle)		Residence Phone
Address (Street, Apt. Number)		Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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 355-2526) informed of any change of address.		School Attended
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property
Value of Property		
Drug Activity N. N/A F. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use
K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other
Drug Type N. N/A A. Amphetamines	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.
P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
Charge Description <b>DRIVING WHILE UNDER INFLUENCE</b>		State Violation Number <b>316.193(1A)</b>
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Warrant / Citrus Number	Bond	
Charge Description		State Violation Number
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Warrant / Citrus Number	Bond	
Charge Description		State Violation Number
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Warrant / Citrus Number	Bond	
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By
Transported By		Date Transported
		Time Transported
		Other
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>
		Court Date and Time <b>07/13/2020 08:30:00</b>
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.		No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed <b>06/21/2020</b>
Name of Arresting Officer (Print) <b>WINDSOR, NICHOLAS</b>		I.D. # <b>1029</b>
Name of Transporting Officer (Print) <b>WINDSOR</b>		I.D. # <b>1029</b>
Agency <b>DBPD</b>		Agency <b>DBPD</b>
Witness here if subject signed with an "X"		

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21st DAY OF June 20 20 AT 0323  AM  PM  
SUBJECT: KURTZO, JASON KING CASE NUMBER: Delray Beach PD #20-8548  
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

## PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.  
On 06/21/20 at 0323hrs I observed a white 2019 Toyota Camry (FL Tag #NWGF88) parked in a parking space in the 1st block of NE 5th Ave. The Toyota had its headlights/taillights illuminated and I observed the white male driver slumped over in the driver seat. The Toyota's engine was running and the vehicle keys were in the ignition. I knocked on the driver window and the white male driver woke up. I asked the driver to roll the window down and I immediately smelled an odor of an unknown alcoholic beverage coming from the driver. I identified the driver by his FL DL as Jason King Kurtzo. Kurtzo was the only person in the Toyota.

### OBSERVATION OF DRIVER:

Kurtzo had red glassy eyes. Kurtzo's speech was thick and slurred while speaking. Kurtzo moved slow when I requested his DL, vehicle registration and vehicle insurance. Kurtzo had a strong odor of an unknown alcoholic beverage coming from his person. During roadsides Kurtzo was unsteady on his feet while walking and swayed while standing still.

### DRIVER'S STATEMENTS:

Kurtzo stated he left his work at 2330hrs and walked to a nearby bar. Kurtzo admitted to consuming 3 beers and 3 shots of liquor prior to entering the Toyota. Kurtzo stated he consumed his last drink one hour prior to my arrival at the Toyota. When questioned on why he was asleep in the Toyota, Kurtzo stated he felt he consumed too much alcohol and did not want to drive. Later during roadsides, Kurtzo stated he did not feel the effects of consuming alcoholic drinks. Kurtzo stated he would drive the Toyota to his Air BNB located in the area of W. Atlantic Ave. and 12th Ave. if I would follow him.

### ODORS:

Kurtzo had a strong odor of an unknown alcoholic beverage coming from his person.

## GENERAL OBSERVATIONS

SPEECH: Thick and Slurred

ATTITUDE: Polite and Cooperative

CLOTHING: Gray Shirt, Gray Pants with Black Shoes

MEDICAL/OTHER: None Stated

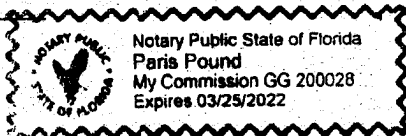
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of June 20 20 by \_\_\_\_\_

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

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



SUBJECT: KURTZO, JASON KING

CASE NUMBER Delray Beach PD #20-8548

**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:**

During all roadides, Kurtzo swayed while standing still.

**WALK & TURN:**

Kurtzo stepped off the line during the instructional phase. Kurtzo stepped off the line several times during this roadside. Kurtzo failed to count out loud as instructed. Kurtzo did not turn around as instructed. Kurtzo used his arms for balance during this roadside.

**ONE LEG STAND:**

Kurtzo swayed during tis roadside. Kurtzo put his foot down on the ground before being instructed to do so. Kurtzo counted "17" twice during this roadside.

**FINGER TO NOSE:**

Kurtzo did not touch the tip of his nose several times. Kurtzo swayed while standing still during this roadside.

**ROMBERG ALPHABET:**

Kurtzo performed this roadside as instructed. Kurtzo swayed while standing still.

**BREATH TEST RESULTS:** (1) .141 (2) .138 (3) (4)

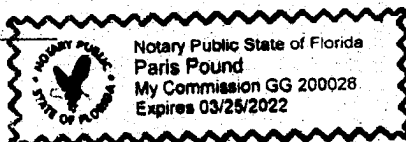
STATE OF FLORIDA  
COUNTY OF PALM BEACH

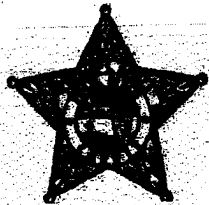
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of June, 2020 by \_\_\_\_\_

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

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





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

PBSO CASE # 20-080133 PBSO ZONE 4-11

AGENCY CASE # 20-8548 CRASH CASE # N/A

TIME OF STOP/CRASH 0323 DATE 06/21/20 DAY SUNDAY

SUBJECT'S NAME KURTZO, JASON KING RACE W SEX M

HGT 5'07" WGT 162 DOB 07/07/76

LOCATION 1ST BLOCK NE 5TH AVE DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: TRAFFIC

NOTIFIED BY COMMO YES

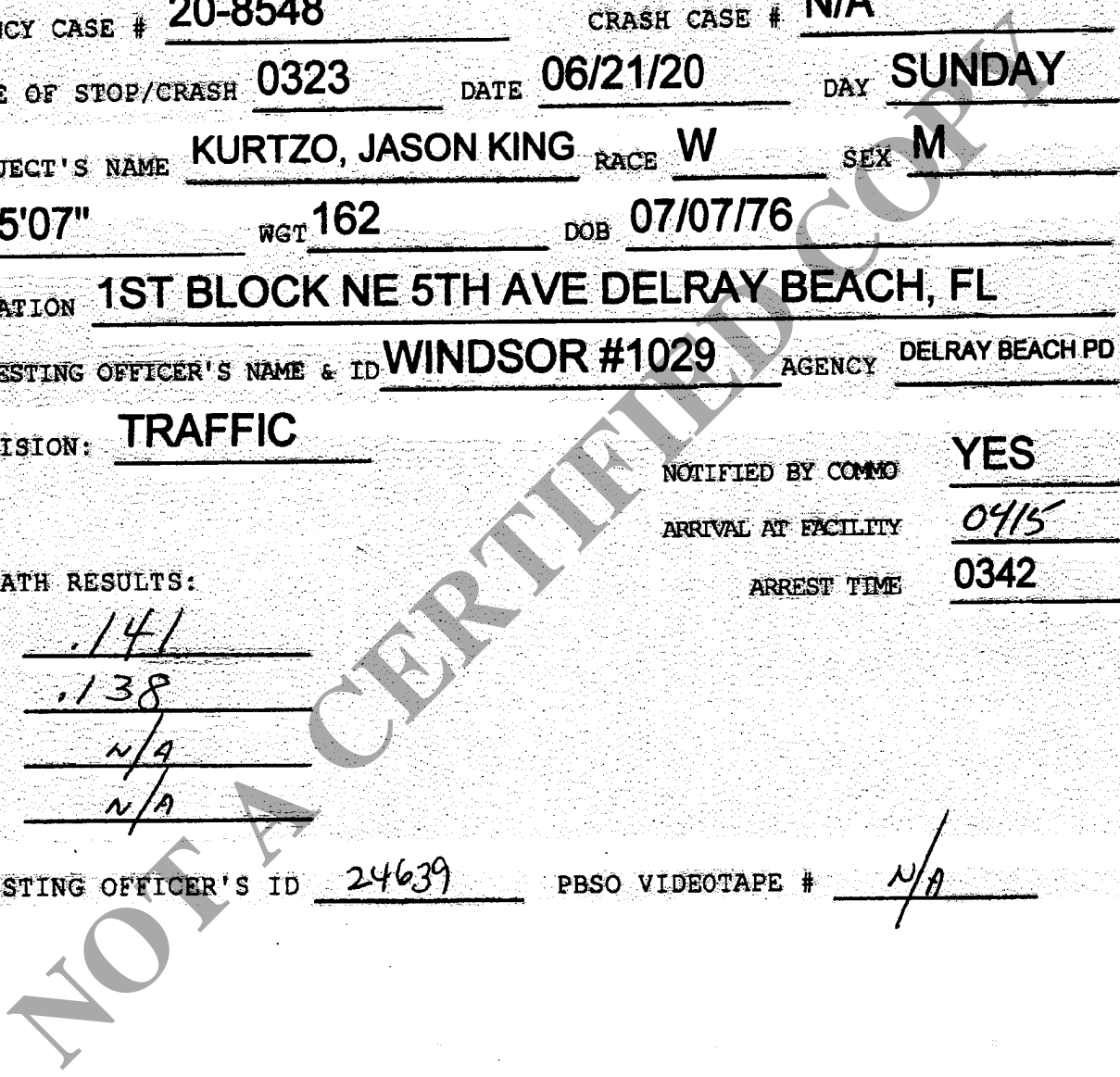
ARRIVAL AT FACILITY 0415

ARREST TIME 0342

**BREATH RESULTS:**

- 1) .141
- 2) .138
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A



SUBJECT: KURTZO, JASON K CASE NUMBER: DBPD 20-7548

## 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) READ ON CAMERA

SUBJECT: KURTZO, JASON K CASE NUMBER: DLPD 20-8548

## 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: WINDSOR #1029

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: 06/21/2020

Date of Last Agency Inspection: 05/15/2020  
Observation Period Began: 04:15  
Subject's Name: JASON K KURTZO

DOB: 07/07/1976 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		04:44
Air Blank	0.000	04:44
Control Test	0.080	04:44
Air Blank	0.000	04:45
Subject Sample #1	0.141	04:45
Air Blank	0.000	04:46
Air Blank	0.000	04:48
Subject Sample #2	0.138	04:49
Air Blank	0.000	04:49
Control Test	0.078	04:50
Air Blank	0.000	04:50
Diagnostics Check OK		04:50

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 PARIS D POUND, 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: 06/21/20

Sworn to (or affirmed) before me this 21<sup>st</sup> day of JUNE, 2020

Signature of Notary Public-State of Florida

OFF. N. WINDSOR  
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: DBPD

SUBJECT: KURTZO, JASON K

CASE NUMBER: 20-080133

DATE: Jun 21, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 04:40

ENDING TIME: 04:52

BREATH TESTS RESULTS: 1) .141 TIME 04:45 A.M.  P.M.  2) .138 TIME 04:49 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 TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLACK PANTS, GREY SHIRT, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 04:15 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS



# 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"/>	119.071(2)(M)1	Other: Witness to a Murder	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult	

### REVIEW COMPLETED BY

Booking Number: 2020015248	Date: 6/21/2020
	Specialist Name/ID: M. Tooks #8557