

0518073

20 OCT 99 45 SB / 447

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
ADMINISTRATION	OBTS Number					Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-20-040788	
	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) 500 W Woolbright RD Boynton Beach, FL 33435					Location of Offense (Business Name, Address) 500 W Woolbrigh RD, Boynton Beach, FL 33435					
	Date of Arrest 08/16/2020	Time of Arrest 22:56	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle LN				
Name (Last, First, Middle) Salgado, Jennifer, Martha										Alias (Name, DOB, Soc. Sec. #, Etc) SM	
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex F	Date of Birth 12/07/1999	Height 5'2	Weight 100	Eye Color Brown	Hair Color Black	Complexion Fair	Build Thin	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single	Religion Unk	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 1001 Summit Blvd,				(City) West Palm Beach,	(State) FL,	(Zip) 33405	Phone (561)809-1920	Residence Type 1. City 3. Florida 2. County 4. Out of State 2			
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Address Source FL DL			
Business Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Occupation Retail			
DL Number, State S-423-433-99-947-0 FL				INS Number		Place of Birth WPB, FL		Citizenship USA			
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
<input type="checkbox"/> 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 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					
CODE	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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
CHARGE	Charge Description DUI W/ Property Damage		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.193.3.C.1		Violation of ORD#				
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense # 20-040788	Warrant/Capias Number		Bond				
CHARGE	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	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	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				
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 September Day 14 Year 2020 Time 8:30		<input checked="" 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. 08/17/2020				
Signature of Defendant (or Juvenile and Parent/Custodian)			Signature of Arresting Officer			Name Verification (Printed by Arrestee) BU#115643					
ADMIN.	HOLD for other Agency Name:		Name of Arresting Officer (Print) L. Nalerio		I.D. # 982	Witness here is subject Signed with an "X".					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Intake Deputy Diana G...	I.D. #	Pouch #	Transporting Officer L. Nalerio	I.D. # 982	Agency BBPD	Page 1 OF 1		

10:17 AM '20

10:17 AM '20

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16th DAY OF August 2020 AT 9:45 A.M P.M.

CASE #: 20-040788

DEFENDANT: Salgado, Jennifer, Martha

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 8/16/20 at approximately 2145 I responded to 500 W Woolbright in reference to a single vehicle accident. Upon my arrival I met with Officer Estevese who conducted the crash investigation. Through the investigation it was determined that Jennifer Salgado dob:12-07-1999 was driving a Black Mercedes bearing FL tag HVAA41. BBFD arrived on scene and checked on Salgado. Officer Estevese concluded the crash investigation. I then advised to Salgado that a DUI investigation would be initiated by me.

I advised Salgado of her Miranda Rights, which she advised that she wished to speak to me and answer my questions;

Salgado stated that she was on her way to her boyfriend's house from Sweetwater (Establishment that sells food, beverages (alcoholic)). Salgado then told me that she was driving her mother's black Mercedes bearing FL tag HVAA41 west on W Woolbright Rd attempting to go north on SR-9. While attempting to make the right turn to enter northbound entrance ramp on Woolbright Rd. Salgado lost control of the vehicle and drove over the curb just southeast of the entrance ramp. The vehicle Salgado was driving drove over the curb and struck a guard rail causing it halt and become disable. Salgado told me that she was the driver and the sole occupant of the vehicle. Salgado then told me that she was at Sweet water having alcoholic drinks with her friends. She advised that she had 3 Tequila shots and a Margarita. While speaking to Salgado I could smell a strong odor of an unknown alcoholic beverage that intensified as she spoke. Salgado was also swaying front and back as she spoke to me. Salgado was very emotional and kept on telling me that she didn't want to lie to me.

Salgado was asked if she would submit to a series of Standard Field Sobriety Tasks (SFST's) which she stated that she would. Salgado was asked if she had any disabilities or injuries that would impede her from conducting the task's; which she replied that she didn't.

Based on the initial indicators that I observed on scene during the encounter and the indicators that I observed during the SFST exercises, I placed Salgado under arrest for DUI with property damage (316.193(3)(C)(1)).

I then transported Salgado to PBCJ BAT. I arrived at the facility at 2313 hours and I started my 20 minutes' observation at 2315 hours and completed it at 2235 hours. Upon completion I requested Salgado to provide a sample of her breath to determine the alcohol content, which she complied. Salgado blew a .204 the first time at 2342, and a .198 at 2345 the second time.

Incident was captured via BWC. Salgado's vehicle was removed from scene by Beck's Towing.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly | <input checked="" type="checkbox"/> Right eye does not follow smoothly |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees | <input checked="" 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:

The third exercise was the Walk and Turn. The task was demonstrated and explained to Salgado and Salgado advised that she understood it. Salgado failed to stay in the ready position during the period of instruction and struggled to maintain balance while in the ready position. Salgado was unable to keep feet heel to toe while conducting steps. Salgado stepped off the line on the fourth step and the sixth step. Salgado did not count her steps out loud on the first try. Salgado failed to take a series of small steps while conducting her turn. After the turn, Salgado stepped off the line on her third and fourth step. Salgado did not heel to toe steps.

ONE LEG STAND:

The second exercise was the One Leg Stand. The task was demonstrated and explained and Salgado advised that she understood it. Salgado Swayed heavily side to side during the exercise. Salgado put her foot down multiple times and would try it with both feet. Salgado would drop her right foot, take a step towards me, pick up her left foot, drop it, and take another step. Salgado lost balance during the exercise. Salgado did it multiple times until the thirty seconds concluded. Salgado then said that she wanted to try the next exercise.

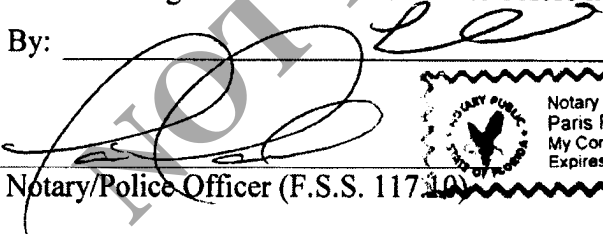
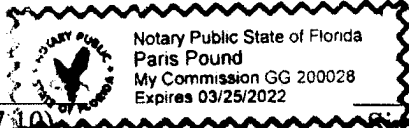

FINGER TO NOSE:

The fourth exercise was the Finger To Nose. The task was demonstrated and explained to Salgado and Salgado advised that she understood it. Salgado was swaying front and back. Salgado used her right finger when instructed to touch with her left once, and used her left finger when instructed to touch with her right once.

ROMBERG/ALPHABET:

The following instrument was sworn to before me this 17 day of August 2020

By: _____

Notary/Police Officer (F.S.S. 117.10) _____ Signature of Arresting Officer

AUG 17 2020

CASE #: 20-040788

DEFENDANT: Salgado, Jennifer, Martha

Arresting Officer: Estevese

Address: 24040 High Ridge Rd, Boynton Beach, FL 33435

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

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: _____

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Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

NOTA CERTIFIED COPY

2020 AUG 10 11:00 AM

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: 80-006239 Software: 8100.27
Date of Test: 08/16/2020

Date of Last Agency Inspection: 08/14/2020

Observation Period Began: 23:15

Subject's Name: JENNIFER M SALGADO

DOB: 12/07/1999 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	23:40
	Air Blank	0.000	23:40
	Control Test	0.079	23:41
	Air Blank	0.000	23:41
	Subject Sample #1	0.204	23:42
	Air Blank	0.000	23:42
	Air Blank	0.000	23:44
	Subject Sample #2	0.198	23:45
	Air Blank	0.000	23:45
	Control Test	0.079	23:46
	Air Blank	0.000	23:46
	Diagnostics Check	OK	23:46

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 Lealey

Signature

Date: 08/16/2020

Sworn to (or affirmed) before me this 16th day of August, 2020

[Signature]
Signature of Notary Public-State of Florida

Ofc L Naterio #982
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.

AUG 17 2020

SUBJECT: Salgado, Jonathan M 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? N 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? PBC FLA

WHEN DID YOU LAST EAT? 11:30 AM WHAT DID YOU EAT? 1

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Drinking & talking with friends

HOW MUCH DO YOU WEIGH? 170 lbs HAVE YOU BEEN DRINKING? Yes WHAT? 1 cup of shots

HOW MUCH? 3 WHERE? at home WITH WHOM? friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 9 PM AND YOUR LAST DRINK? 11:30 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? shots

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? NO

WHAT? NO WHERE? NO WHEN? NO

WHAT LINE OF WORK ARE YOU IN? Freight WHEN DID YOU LAST WORK? today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? NO

ARE YOU SICK OR INJURED? No WHAT'S WRONG? N/A

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? N/A

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? N/A WHY? N/A

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? N/A WHEN? N/A

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? N/A

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? N/A

INTERVIEWER: _____

AUG 17 2020

SUBJECT: Salgado, Terrell, Jr 117 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) Roed on camera

REC'D 11/20/09



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

PBSO CASE # 20-098001 PBSO ZONE 6-51

AGENCY CASE # 20-040788 CRASH CASE # 20-040788

TIME OF STOP/CRASH 21:45 DATE 8-16-2020 DAY Sunday

SUBJECT'S NAME Jennifer Salgado RACE W SEX F

HGT 5'2 WGT 110 DOB 12-07-1999

LOCATION 500 W Woodbright, Boynton Beach, FL

ARRESTING OFFICER'S NAME & ID Naleric 982 AGENCY BBPD

DIVISION: Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2315

Arrest Time 2256

BREATH RESULTS:

- 1. .204
- 2. .198
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 19183

NOT A CERTIFIED COPY

2020
AUG 17 2020

TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: Salgado, Jennifer M

CASE NUMBER: 20-098001

DATE: 08/16/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2338

ENDING TIME: 2352

BREATH TESTS RESULTS: 1) .204 TIME 2342 A.M. P.M. 2) .198 TIME 2345 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: cooperative, upset

CLOTHING: blue jeans, green shirt, black sandals

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject drank 3 shots of tequila - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2315 hrs
subject agreed to perform breath test
tech read breath test results and subject understood breath test results
A/O read rights & subject understood rights
A/O conducted Q&A
subject answered questions

2020
AUG 17 2020



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: 2020019530	Date: 8/17/2020
	Specialist Name/ID: B Evans / 23649

AUG 17 2020