

20CT9203 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-093535	
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 NONE 2. No		Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) 195 North and Hypoluxo RD				Location of Offense (Business Name, Address) 195 North and Hypoluxo Rd			
Date of Arrest 08/03/2020	Time of Arrest 0312	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Atlantic Towing	

Name (Last, First, Middle) Thomas Jennifer		Name (Last, First, Middle) Renee		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 10/19/1979	Height 5'1	Weight 125LBS	Eye Color Brn	Hair Color Brown	Complexion Light	Build Small
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) tattoo right back				Marital Status Single	Religion CHRISTIAN	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 1301 Federal Hwy Apt 2		(City) Lake Worth	(State) FL	(Zip) 33460	Phone (214) 914-9895		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source FL License	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation Hospitality	
DL Number, State T520-436-79-879		Soc. Sec. Number		INS Number		Place of Birth (City, State) Miami Oklahoma		Citizenship yes

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:		Residence Phone () () ()				Business Phone () () ()	
Address (Street, Apt. Number)		(City)	(State)	(Zip)			

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handed/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 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	U. Unknown Z. Other
Charge Description DRIVING UNDER THE INFLUENCE		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 .210/.208	Offense # 20-093535	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) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406	
Court Date and Time Month September Day 3 Year 2020 Time 8:30 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 08/03/2020

HOLD for other Agency Name:		Signature of Arresting Officer X	Name Verification (Printed by Arrestee) AUG 03 2020 AUG 3 AM 5:32
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) INV. M. SMITH	I.D. # 9621
Initial Deputy D. Smith	I.D. # 9621	Pouch #	Agency PBSO
Transporting Officer Smith		I.D. # 9621	Agency PBSO
Witness here if subject signed with an 'X' 6 OF 1			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

0517913

1359 7:28

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06		20093535				
Charge Type: Check as many as apply		Special Notes						
<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance				
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				
Defendant Name (Last, First, Middle) THOMAS JENNIFER				Race W	Sex F	Date of Birth 10/19/1979		
Charge Driving While Intoxicated				Charge				
Charge				Charge				
Victim Name (Last, First, Middle) State				Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
<p>The undersign 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...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p>On the <u>3</u> day of <u>August</u> 20<u>20</u> at <u>02:36</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>								

On the above date and time while conducting active patrol in my marked PBSO vehicle, heading eastbound on Hypoluxo road, I observed a black Hyundl bearing FL Tag Y45MYK in the turn lane at Hypoluxo road and Seacrest boulevard. I observed the vehicle make a left hand turn on a solid red light in front of oncoming traffic. I proceeded to follow the vehicle in to the Wendy's parking lot. The vehicle made its way to the east parking lot exit, taking a right onto Seacrest boulevard. I then observed the vehicle failing to come to a complete stop at a solid red light before making a right hand turn onto Hypoluxo road westbound. As the vehicle began to merge onto I-95 Northbound I activated my emergency lights to effect a traffic stop. I exited my vehicle and made contact with a female driver, later identified by her Florida driver's license as Jennifer Thomas. I smelled an unknown alcoholic beverage emanating from Jennifer's breath as she spoke to me. I observed her eyes to be bloodshot and glossy, and her pupils were pinpoint in size. Jennifer stated to me she had 2 to 3 vodka mixed drinks 3 to 4 hours ago. Do to Jennifer showing signs of impairment, I called for a PBSO DU unit to respond to the scene to asses Jennifer for DUI.

The foregoing instrument was sworn to and affirmed before me this <u>3</u> day of <u>August</u> 20 <u>20</u> , by:	
<u>Robinette</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>31773</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

Stamp: AUG 03 2020

NOT A

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF August 2020, AT 0236 AM PM
SUBJECT: Thomas Jennifer Renee CASE NUMBER: 20-093535

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. M. SMITH

PERSONAL CONTACT

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

On 08/03/2020 at approximately 02:41 hrs, I was called to the scene of a traffic stop near I95N and Hypoluxo Rd, which is located in unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 03:03 hrs. D/S Robinette #31773 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, stating the following " On the above date and time while conducting active patrol in my marked PBSO vehicle, heading eastbound on Hypoluxo road, I observed a black Hyundai bearing FL Tag Y45MYK in the turn lane at Hypoluxo road and Seacrest boulevard. I observed the vehicle make a left hand turn on a solid red light in front of oncoming traffic. I proceeded to follow the vehicle in to the Wendy's parking lot. The vehicle made its way to the east parking lot exit, taking a right onto Seacrest boulevard. I then observed the vehicle failing to come to a complete stop at a solid red light before making a right hand turn onto Hypoluxo road westbound. As the vehicle began to merge onto I-95 Northbound I activated my emergency lights to effect a traffic stop. I exited my vehicle and made contact with a female driver, later identified by her Florida driver's license as Jennifer Thomas. I smelled an unknown alcoholic beverage emanating from Jennifer's breath as she spoke to me. I observed her eyes to be bloodshot and glossy, and her pupils were pinpoint in size. Jennifer stated to me she had 2 to 3 vodka mixed drinks 3 to 4 hours ago". D/S Robinette noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Robinette identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the stop.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by their Florida Driver License as Jennifer Renee Thomas, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Thomas. Thomas had glassy, glazed, and blood shot eyes. Thomas's speech was slurred, slow, thick. Thomas's movements were slow and deliberate. Thomas was lethargic in her movements with poor coordination. Thomas had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to her. Thomas was wearing a multiple color tank shirt, white shorts, and tan shoes. All the clothing appeared neat.

DRIVER'S STATEMENTS:

Thomas stated that she was sorry that we had to deal with her.

ODORS:

obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area.

GENERAL OBSERVATIONS

SPEECH: slurred, slow, thick

ATTITUDE: Calm, Polite, Respectful,

CLOTHING: multiple color tank shirt, white shorts, and tan shoes.

MEDICAL/OTHER: See BAT report

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. M. SMITH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of August 2020 by INV. M. SMITH

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

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



SUBJECT: _____

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? yes

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? TH

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? NO 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? NO ARE YOU UNDER THE INFLUENCE? NO

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? 1/10

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

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? PRESCRIPTION WHEN? PRESCRIPTION

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? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? YES WHERE? TN AUG 03 2020

INTERVIEWER: _____

SUBJECT: Thomas Jennifer

CASE NUMBER 20-093535

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:

Thomas would sway roughly in a side to side front to back pattern throughout the task. Thomas did positively identify the point to be tracked. Thomas was reminded numerous times to track the pen with her eyes only.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Thomas who stated that she understood. During the task, I observed Thomas to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Thomas could not maintain her balance while listening to instructions. Thomas stepped out of the instructional stance during the demonstration to catch her balance. Thomas started the task before being instructed to do so. Thomas missed heel-to-toe steps and stepped off the line. Thomas performed an improper turn. Thomas did not count a laud as instructed.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Thomas who stated that she understood. During the task, I observed Thomas to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Thomas continued to sway while balancing on one leg. Thomas failed to count out loud by thousands as instructed. Thomas put her foot down to regain balance numerous times before the 30 seconds had elapsed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Thomas who stated that she understood. During the task, I observed Thomas to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Thomas's index finger did not touch the nose on 6 of 6 attempts. Thomas searched for the tip of their nose using the finger to find their nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Thomas who stated that she understood. During the task, I observed Thomas to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Thomas correctly recited the alphabet.

BREATH TEST RESULTS: .210 .208

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. M. SMITH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of August 2020 by INV. M. SMITH

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

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



2020 AUG 3 11:51 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: 80-006478 Software: 8100.27
Date of Test: 08/03/2020

Date of Last Agency Inspection: 07/17/2020
Observation Period Began: 03:30
Subject's Name: JENNIFER R THOMAS

DOB: 10/19/1979 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	03:58
	Air Blank	0.000	03:58
	Control Test	0.081	03:58
	Air Blank	0.000	03:59
	Subject Sample #1	0.210	04:01
	Air Blank	0.000	04:01
	Air Blank	0.000	04:03
	Subject Sample #2	0.208	04:04
	Air Blank	0.000	04:04
	Control Test	0.078	04:05
	Air Blank	0.000	04:05
	Diagnostics Check	OK	04:05

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 RENEE R RAGIN, 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: _____ Date: 08/03/20
Signature

Sworn to (or affirmed) before me this 03 day of Aug., 2020

Signature of Notary Public-State of Florida: _____
Printed Name of Notary Public-State of Florida: INV. M. Smith # 9621

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:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes glassy

Stated she had vodka.

COMMENTS:

Arrived at center A/O started 20 minute observation period at 03:30 hrs.

Subject ask what would happen if she didn't take the test.

A/O read I/C.

Subject stated she understood I/C and agreed to take test.

A/O read rights.

Subject stated she understood rights.

Tech. read breath test results.

Subject stated she understood breath test results.

A/O conducted Q&A.

Subject answered Q&A.

30100
AUG 03 2020

WITNESS LIST

CASE NUMBER: 20-093535

ARRESTING OFFICER: INV. M. SMITH

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: D/S Robinette 31773

ADDRESS: 3228 Gun Club Rd West Palm Beach Fl 33406

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

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (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 _____

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NAME: _____

ADDRESS _____

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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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

PHOTO A CERTIFIED COPY

20-093535
D/S Robinette 31773



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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	11
	<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"/>	415.107(1)	Other: Elderly Abuse	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020018382	Date: 8/3/2020
	Specialist Name/ID: M. Tooks #8557

2020018382
AUG 03 2020