

20CT 14360

008432

3777

ADMINISTRATIVE	OBTS Number		Arrest / Notice to Appear Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	<input type="checkbox"/> Juvenile	
	Agency ORI Number FLO 502700		Agency Name PALM SPRINGS POLICE DEPARTMENT			Agency Report Number 82- 2828-27635					
	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	Multiple Clearance Indicator	
DEPENDANT	Location of Arrest (Including Business Name) 1760 S. Military Trl, Palm Springs, FL 33461					Location of Offense (Business Name, Address) 1760 S. Military Trl, Palm Springs, FL 33461					
	Date of Arrest 11/8/20	Time of Arrest 2207hrs	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) Apostolos, JIL, L										
	Race: W - White B - Black	I - American Indian O - Oriental/Asian	Sex W	F	Date of Birth 05/22/1956	Height 52	Weight 135	Eye Color Blue	Hair Color Bro	Complexion Light	Build Small
	Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description) Scars on arms					Marital Status N/A	Religion None	Indication Of	Alcohol Influence Drug Influence	Yes No	
Local Address (Street, Apt, Number) (City) (State) (Zip) 4694 Holiday Cir NO, WPB, FL 33415				Phone		Residence Type: 1 City 3 Florida 2 County 4 Out of State 2					
Permanent Address (Street, Apt, Number) (City) (State) (Zip)				Phone		Address Source FLDL					
Business Address (Street, Apt, Number) (City) (State) (Zip)				Phone		Occupation Security Guard					
D/L Number, State A123-432-56-682-0			INS Number			Place of Birth (City, State) Queens, NY		Citizenship US			
CO-DEF	Co-Defendant Name (Last, First, Middle)			Race W	Sex U	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 U	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		
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)					Residence Phone			
	<input type="checkbox"/> Legal Custodian		Local 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes by: (name) <input type="checkbox"/> No:							School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					Value of Property				
CODE	Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate P. Possess T. Traffic E. Use				Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv S. Synthetic						
	Charge Description DUI		Counts 1	Domestic Violence No	Statute Violation Number 316.193 (1a)		Violation of ORD #				
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense Number 2020-27635		Warrant / Capias Number		Bond			
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond			
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond			
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond			
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
NOTICE TO	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) CJC - 3228 Gun Club Rd. WPB, FL 33406								
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side.		Court Date and Time Month: 12 Day: 03 Year: 2020		Time: 0630		<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.											
Signature of Defendant (or Juvenile and Parent / Custodian)							Date Signed				
ADMIN.	HOLD for other agency Name:		Signature of Arresting Officer				Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of arresting Officer (Print) Ofc. Fardella		I.D.# 193		(PRINT)				
	Intake Deputy D. ...	I.D.# 696	Pouch #	Transporting Officer Ofc. Fardella		I.D.# 193	Agency PSPD	Page			

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NOV 07 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF November 20 20, AT 2207hrs AM PM
SUBJECT: Apostolou, Jill, Lori CASE NUMBER: 2020-27635
AGENCY: Palm Springs Police Department ARRESTING OFFICER: Ofc. Fardella #193

PERSONAL CONTACT

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

On November 6th, 2020 at approximately 2145hrs, I responded to a vehicle crash at the Burger King parking lot, located at 1760 S. Military Trl, involving 2 vehicles. Upon arrival, I made contact with Ofc Kubiak #103, who was conducting the crash investigation. Ofc Kubiak advised me of 1 witness, identified as Robert Miller (DOB: 11/14/1983). Miller stated he observed a red Kia sedan bearing tag#: HSRG35 make a right turn from Forest Hill Blvd into the Burger King parking lot. Miller stated the Kia, driven by a white female made a very wide turn, causing the Kia to make contact with a silver Nissan bearing tag#: 356QMR. Miller stated the female, appeared to be under the influence of alcohol, due to her stumbling several times.

OBSERVATION OF DRIVER:

I made contact with the driver, positively identified as Jill Apostolou (DOB: 05/22/1956) from FL DL# A123-432-56-682-0. Apostolou was sitting on the curb when I made contact with her. I asked Apostolou to stand up and she appeared to be confused and was unable to stand up without almost falling over. Apostolou had bloodshot/glassy eyes. Apostolou was very slow and clumsy with basic movements. I requested Apostolou to walk to my vehicle and she continued to have a difficult time retaining balance, nearly falling and staggered to my marked Palm Springs Police Tahoe #218. Apostolou had an odor of an unknown alcoholic beverage, that grew stronger the closer she was.

DRIVER'S STATEMENTS:

Apostolou stated she had one shot of vodka in the afternoon and was going to get food at Burger King. Apostolou stated repetitively that she was hungry.

ODORS:

Unknown alcoholic beverage odor.

GENERAL OBSERVATIONS

SPEECH: mush mouthed, low and raspy, stuttering, mumbled, slurred

ATTITUDE: cooperative, confused, polite, talkative, dazed, tense

CLOTHING: dirty, stained, torn

MEDICAL/OTHER: N/A


STATE OF FLORIDA
COUNTY OF PALM BEACH

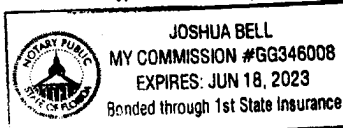

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of November 20 20 by Ofc. Fardella #193

Police Identification

(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)



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ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Apostolou failed to follow the stimulus with only her eyes. Apostolou swayed while attempting to follow stimulus

Walk and Turn:

- Can't balance during instructions
- Stops while walking
- Misses heel to toe
- Steps off line
- Uses Arms to balance
- Wrong number of steps
- Improper turn

One Leg Stand:

- Sway
- Uses arms to balance
- Hops
- Puts foot down

Finger to Nose:

- Failed to stay in proper starting position
- Did not touch finger to nose
- Began to count when finger was above nose
- Moved left arm instead of right arm
- Swayed

Modified Romberg:

- Unable to keep balance when feet were together

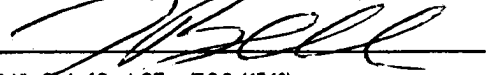
BREATH TEST RESULTS: 1) 0.276 2) 0.274 3) 4)

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 6th day of November, 2020 by Ofc. Fardella #193

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


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

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

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NOV 07 2020



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

PBSO CASE # 20-124460 PBSO ZONE 1-33

AGENCY CASE # 20-27635 CRASH CASE # N/A

TIME OF STOP/CRASH 2126 HRS DATE 11/06/2020 DAY FRIDAY

SUBJECT'S NAME APOSTOLOU, JILL L RACE W SEX F

HGT 5'2 WGT 135 DOB 05/22/1956

LOCATION 1760 S MILITARY TRL, PALM SPRINGS FLORIDA 33461

ARRESTING OFFICER'S NAME & ID OFC.B. FORDELLA #193 AGENCY PSPD

DIVISION: ROAD PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2230 HRS

BREATH RESULTS:

Arrest Time 2207 HRS

1. .276
2. .274
3. N/A
4. N/A

TESTING OFFICER'S ID BELL 8656

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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: 80-006029 Software: 8100.27
Date of Test: 11/06/2020

Date of Last Agency Inspection: 10/16/2020
Observation Period Began: 22:30
Subject's Name: JILL L APOSTOLOU DOB: 05/22/1956 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	22:53
	Air Blank	0.000	22:54
	Control Test	0.081	22:54
	Air Blank	0.000	22:55
	Subject Sample #1	0.276	22:55
	Air Blank	0.000	22:56
	Air Blank	0.000	22:58
	Subject Sample #2	0.274	22:58
	Air Blank	0.000	22:59
	Control Test	0.079	22:59
	Air Blank	0.000	23:00
	Diagnostics Check	OK	23:00

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 JOSHUA J BELL, 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: 11/06/20
Signature

Sworn to (or affirmed) before me this 06 day of November 2020

[Signature] Off. B. Fordella #193
Signature of Notary Public-State of Florida 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: PSPD

SUBJECT: APOSTOLOU, JILL L

CASE NUMBER: 20-124460

DATE: Nov 6, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2252

ENDING TIME: 2302

BREATH TESTS RESULTS: 1) .276 TIME 2255 A.M. P.M. 2) .274 TIME 2258 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, COOPERATIVE

CLOTHING: BROWN SLEEVELESS SHIRT, BLACK SHORTS, BLACK/BROWN FLIP FLOPS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2230 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD HER RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

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SUBJECT: Apostolou, Jill L 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? _____ 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? _____

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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: OFC. Fordella #193

SUBJECT: Apostolou, Jill L

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.

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SUSPECT'S SIGNATURE: (X) _____

Read on camera

WITNESS LIST

CASE NUMBER: 2020-27635

ARRESTING OFFICER: Ofc. Fardella #193

ADDRESS: 230 Cypress Lane Palm Springs, Florida 33461

PHONE NUMBERS (HOME): 561-968-8243 (WORK) 561-968-8243

CAN TESTIFY TO: DUI Investigation

NAME: Ofc. Kubiak #103

ADDRESS: 230 Cypress Lane Palm Springs, Florida 33461

PHONE NUMBERS (HOME) 561-968-8243 (WORK) _____

CAN TESTIFY TO: Crash Investigation

NAME: Kurt Robert

ADDRESS 1150 45th St, WPB, FL 33407

PHONE NUMBERS (HOME) 561-727-5440 (WORK) _____

CAN TESTIFY TO: Driving Pattern

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 _____

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: _____

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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: 2020026266	Date: 11/7/2020
	Specialist Name/ID: B Evans / 23649

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