

0514117

2007-1056
1857

ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	Agency ORI Number 0500400	Agency Name Delray Beach Police Department	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
	Location of Arrest (Including Name of Business)	Date of Arrest 01/19/2020	Time of Arrest 00:34	Booking Date 01/19/2020	Booking Time 01:04	Jail Date 01/19/2020	Jail Time 00:00
	Location of Arrest (Including Name of Business)	Location of Office (Business Name, Address) 109 SE 5TH AVE, DELRAY BEACH, FL 33483		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator 1	
	Name (Last, First, Middle) ALBAN, JOHAN STEVENS	Alias	Alias (Name, DOB, Soc. Sec. #, Etc.)	Location of Vehicle 109 SE 5TH AVE DELRAY			
	Race W - White B - Black O - Oriental/Asian S - Scrn, Markn, Tattoos, Unique Physical Features (Location, Type, Description)	Sex M	Date of Birth 01/31/1991	Height 5'08	Weight 192	Eye Color BROWN	Hair Color BROWN
	Local Address (Street, Apt. Number) 4690 ORLEANS CT D, WEST PALM BEACH, FL 33415	Marital Status M	Religion CATHOLIC	Indication of: Alcohol Influence <input type="checkbox"/> Yes <input type="checkbox"/> No Drug Influence <input type="checkbox"/> Yes <input type="checkbox"/> No		Build MEDIUM	
	Permanent Address (Street, Apt. Number) 4690 ORLEANS CT D, WEST PALM BEACH, FL 33415	Phone (561) 513-7552	Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source FL DL		2
	Business Address (Name, Street) 4690 ORLEANS CT D, WEST PALM BEACH, FL 33415	Phone (561) 513-7552	Occupation				
	DL Number, State A415437910310 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) Columbia		Citizenship CO	
	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"/> 5. Arrested		
	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. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian <input type="checkbox"/>	Name (Last, First, Middle)		Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	Address (Street, Apt. Number)	(City)	(State)	(Zip)	Residence Phone		
	Notified by: (Name)	Relationship		Date	Time	Business Phone	
	Released To: (Name)	Relationship		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated	
	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		Grade
	<input type="checkbox"/> Yes; <input type="checkbox"/> No:				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	
	Drug Activity N. N/A P. Possess	S. Sell R. Buy T. Traffic	E. Seizure D. Deliver K. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Value of Property
	Charge Description DRIVING WHILE UNDER INFLUENCE	Drug Type N	Amount / Unit	Offense #	Courts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number 316.1930A
	Charge Description	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
	Charge Description	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
	Charge Description	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
	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		Explain:			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By			
	Transported By	Date Transported	Time Transported	Other	Released To		
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		
	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.				Court Date and Time 02/10/2020 08:30:00		
	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
	Signature of Arresting Officer WINDSOR, NICHOLAS				Name Verification (Printed by Arrestor) JAN 20 2020		
	Name of Arresting Officer (Print) WINDSOR				(PRINT) CIRCUIT & COUNTY COURTS		
	Transporting Officer WINDSOR				ID.# 1029		
	Agency DELRA				ID.# 1029		
	Witness here if subject signed with an "X".				PAGE 1		

FILED
JAN 20 2020
CIRCUIT & COUNTY COURTS
(CRIMINAL DIV.)

No Photo Available

SCANNED
JAN 20 2020
JAN 19 AM 4:43

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19TH DAY OF JANUARY 20 20 AT 0054 AM PM

SUBJECT: ALBAN, JOHAN STEVENS CASE NUMBER: 20-1067

AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029 DBPD

PERSONAL CONTACT

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

At 0054hrs Ofc. Pimentel of the Delray Beach Police Department observed a black 2015 Honda stopped in the southbound travel lane in the 100 block of SE 5th Ave. The Honda was facing (north) the wrong way on a one way roadway. Ofc Pimentel observed a Hispanic male driver slumped over as if he was asleep. Ofc. Pimentel met with the Hispanic male driver who was the sole person inside the Honda. The Hispanic male driver was identified as Alban, Johan Stevens by his FL DL. The Honda's key was in the ignition and the engine was running. I arrived on scene to conduct a DUI investigation. When I arrived on scene, Alban was in the driver's seat of the Honda and the Honda's key was on the roof due to officers asking Alban to remove the key for safety concerns.

OBSERVATION OF DRIVER:

I met with Alban and immediately smelled and odor of an unknown alcoholic beverage coming from his person. I notified Alban I was conducting a DUI investigation and he acknowledged. Alban spoke English but was more comfortable speaking Spanish. Ofc. Pimentel provided translation for Alban during the DUI investigation. Alban has glassy red eyes and his speech was slurred at times. Alban was unsteady on his feet and required the use of his arms for balance during roadsides.

DRIVER'S STATEMENTS:

Alban stated he arrived in Delray Beach, FL at an unknown location (boxing gym) at 2130hrs on 01/18/20. Alban stated he was there to watch the UFC fight and he consumed two glasses of beer while there. Alban stated he was on his way home in West Palm Beach, FL when the police made contact with him. Alban stated he drove the way due to his lack of knowledge of Delray Beach, FL. Alban stated he had been awake since 0300hrs on 01/18/20 and was tired.

ODORS:

Strong odor of an unknown alcoholic beverage coming from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite and Respectful.

CLOTHING: White Polo Shirt, Jeans and brown shoes.

MEDICAL/OTHER: No stated medical conditions or medications taken.

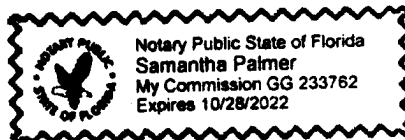
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

This foregoing instrument was sworn to be affirmed and subscribed before me this 19th day of January 20 20 by _____

(Print name of Arresting/Investigative Officer) whose personally known to me and who produced identification. Type of identification produced KNOWN

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



SCANNED
JAN 20 2020

SUBJECT: ALBAN, JOHAN STEVENS

CASE NUMBER 20-1067

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:

Alban was shaking and stated he was nervous.

WALK & TURN:

Alban used his arms for balance during this exercise. Alban did not count out his steps until I repeated the instructions several times during the exercise. Alban did not leave his front foot on the line and turn around as instructed.

ONE LEG STAND:

Alban performed this exercise as instructed.

FINGER TO NOSE:

Alban opened his eyes during this exercise and had to be instructed to close them after he started. Alban used the correct finger when instructed and missed the tip of his nose a few times.

ROMBERG ALPHABET:

Alban requested to recite the Spanish Alphabet instead of the English Alphabet. Ofc. Pimentel provided translation for this exercise. Alban missed several letters after the letter "L" and missed all the letters after the letter "R".

BREATH TEST RESULTS: 1) .127 2) .128 3) 4)

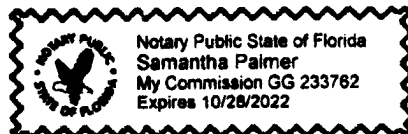
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of January 2020 by

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

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



SCANNED
JAN 20 2020

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: 01/19/2020

Date of Last Agency Inspection: 01/17/2020

Observation Period Began: 02:12

Subject's Name: JOHAN S ALBAN

DOB: 01/31/1991 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	02:39
	Air Blank	0.000	02:39
	Control Test	0.080	02:39
	Air Blank	0.000	02:40
	Subject Sample #1	0.127	02:40
	Air Blank	0.000	02:41
	Air Blank	0.000	02:43
	Subject Sample #2	0.128	02:43
	Air Blank	0.000	02:44
	Control Test	0.080	02:44
	Air Blank	0.000	02:45
	Diagnostics Check	OK	02:45

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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

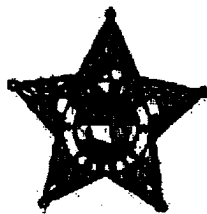
Date: 01/19/20

Sworn to (or affirmed) before me this 19th day of JANUARY, 2020

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.



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

PBSO CASE # 20-027949 PBSO ZONE 4-11

AGENCY CASE # 20-1067 CRASH CASE # N/A

TIME OF STOP/CRASH 0054HRS DATE 01/19/20 DAY SUNDAY

SUBJECT'S NAME ALBAN, JOHAN STEVENS RACE W SEX M

HGT 5'08" WGT 192 DOB 01/31/91

LOCATION 109 SE 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 02:12

ARREST TIME 01:45

BREATH RESULTS:

- 1) .127
- 2) .128
- 3) N/A
- 4) N/A

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

NOT A CERTIFIED COPY

**SCANNED
JAN 20 2020**

TESTING FACILITY TASK REPORT

AGENCY: DRPD

SUBJECT: ALAN, JOHAN S CASE NUMBER: 20-027749

DATE: 01/19/20 VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 02:35 ENDING TIME: 02:47

BREATH TESTS RESULTS: 1) .127 TIME 02:40 A.M./P.M. 2) .128 TIME 02:47 A.M./P.M.
3) n/a TIME — A.M./P.M. 4) n/a TIME — A.M./P.M.

BREATH OPERATOR: P. POUND # 2400

MAINTENANCE TECHNICIAN: J. KAPLECKE # 1161

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLACK JEANS, WHITE SHIRT, BROWN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES

COMMENTS: ARRIVED AT CENTER A/P BEGINNING 20
MINUTE OBSERVATION PERIOD AT 02:12 A/P

A. AGREED TO TAKE TEST.

A/P. PLAIN RIGHTS

D. STATED HE UNDERSTOOD RIGHTS

TECH. READ TEST RESULTS

D. STATED HE UNDERSTOOD TEST RESULTS

A/P. ATTEMPTED Q#9

D. REFUSED QUESTIONS.

SCANNED
JAN 20 2020

WITNESS LIST

CASE NUMBER: 20-1067

ARRESTING OFFICER: OFC. WINDSOR #1029

ADDRESS: 300 W. ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: OFC. PIMENTEL #1094

ADDRESS: 300 W. ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP AND DRIVER IDENTIFICATION

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
JAN 20 2020

SUBJECT: ALBAN, JOHAN S CASE NUMBER: 100 000 20 1061

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: W. J. Sed 100 000 20 1061

SCANNED
JAN 20 2020

SUBJECT: ALVARO, JUAN S CASE NUMBER: 19010 0001 20-10-1

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.

**SCANNED
JAN 20 2020**

SUSPECT'S SIGNATURE: (X) REAR ON CAMERA



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020002174	Date: 01/20/2020
	Specialist Name/ID: AM/31562

SCANNED
JAN 20 2020