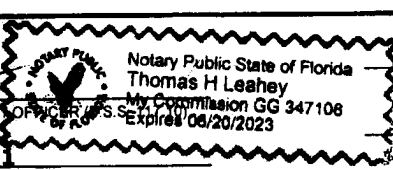


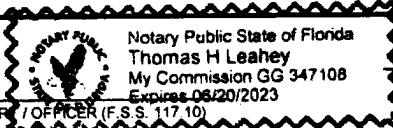



0528149		215 20900		2195																	
OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 21005745																	
Charge Type: Check as many as apply:		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) 4533 PGA BLVD, PBG, FL						Location of Offense (Business Name, Address) PGA BLVD/N MILITARY TRL, PBG, FL															
Date of Arrest 12/16/2021		Time of Arrest 23:40		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407									
Name (Last, First, Middle) BECHARD, JOHN, ROBERT						Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 12/15/1964		Height 5'8		Weight 195		Eye Color BRO		Hair Color GRY		Complexion LGT		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Religion NOT STATED		Indication of: Alcohol Influence Drug Influence		Y N Unk. 3. Florida 4. Out of State									
Local Address (Street, Apt. Number) 2 BALFOUR CT,		(City) PALM BEACH GARDENS, FL		(State) FL		(Zip) 33418		Phone (561) 245-1362		Residence Type: 1. City 2. County		3. Florida 4. Out of State		1							
Permanent Address (Street, Apt. Number) 2 BALFOUR CT,		(City) PALM BEACH GARDENS, FL		(State) FL		(Zip) 33418		Phone		Address Source VERBAL											
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation											
D/L Number, State B263476644550 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) ILION, NY		Citizenship US													
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile											
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile											
Parent Legal Custodian 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 provided by [] defendant and / or [] 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. [] Yes, by: (Name) [] No: (Reason)		School Attended		Grade																	
Property Crime? [] Yes [] No		Description of Property		Value of Property																	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispose/ 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 [] Y [] N		Statute Violation Number 316.193(1)(A)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence [] Y [] N		Statute Violation Number		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence [] Y [] N		Statute Violation Number		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence [] Y [] N		Statute Violation Number		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Location (Court, State, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700		Court Date and Time Month JANUARY Day 19 Year 2022 Time 10:00 AM X 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) John A. Flink		Date Signed 12/16/2021													
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature]		Name of Arresting Officer (Print) OFC. ANDREW FLINK		I.D. # 514		Name Verification (Printed by Arrestee) SCANNED													
[] Dangerous [] Suicidal [] Resisted Arrest [] Other:		Intake Deputy [Signature]		ID. # Pouch #		Transporting Officer OFC. A. FLINK		ID # 514		Agency PBGPD		Witness here if subject signed with an X		PAGE DEC 17 2021 OF 1							
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)													

OETS Number	PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
Agency ORI Number FL FL0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 21-005745				
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:			
Name (Last, First, Middle) BECHARD, JOHN ROBERT			Race W	Sex M	Date of Birth 12/15/1964	
Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED			Charge Description			
Charge Description			Charge Description			
Victim's Name (Last, First, Middle) State Of Florida			Race	Sex	Date of Birth	
Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source	
Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation	
The undersigned certifies and 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... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 16 day of December , 2021 at 23:26 (Specifically include facts constituting cause for arrest.)						
On 12/16/2021 at approximately 2326 hours, this Officer arrived in the parking lot of 4533 PGA Blvd, PBG, FL, to assist Ofc Gorman 539 with a traffic stop. Body worn camera and in car video were used.						
Ofc Gorman said he observed the vehicle, a Lexus sedan (QUNW71/FL) traveling west bound in the east bound lanes of PGA Blvd, just west of N Military Trl, in PBG, FL. Ofc Gorman initiated a traffic stop on the vehicle at the location. This Officer made contact with the driver and lone occupant, identified via Florida Driver License photo, John Bechard (OF), while he was still in the driver seat of the vehicle. Bechard had bloodshot watery eyes, slow slurred speech, flushed red face, appeared disoriented, had slow lethargic reactions, and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. Bechard said he was coming from "Abbey Road" and was on his way home. Bechard said he consumed three beers and two shots in six hours.						
Based on this Officer's observations, Bechard was asked to participate in Standardized Field Sobriety Exercises, to which he complied. Bechard said he did not have any medical conditions which would affect the exercises performed.						
The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Toxoptix X3. This Officer observed lack of smooth pursuit in both eyes. Bechard had sustained involuntary jerking in both eyes at maximum deviation. Bechard also had the onset of Nystagmus in both eyes prior to 45 degrees.						
The second exercise conducted, was the Walk and Turn. The line used was a stripe of yellow tape placed upon the pavement by this Officer. During the instructions, Bechard stepped out of the starting position twice. During the first set of steps, Bechard raised his right arm more than six inches from his side and missed heel-to-toe on one						
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT OFFICER J.P.S.			SIGNATURE OF ARRESTING INVESTIGATING OFFICER  FLINK, ANDREW S. (514) NAME OF OFFICER (PLEASE PRINT)			
DATE 12/17/2021			DATE 12/17/2021			
PAGE 1 OF 2						

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED
DEC 17 2021

OBT Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1		JUVENILE	
Agency ORI Number FL FL0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 21-005745						
Charge Type: Check as many as apply.		Special Notes:						
<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								
Name (Last, First, Middle) BECHARD, JOHN ROBERT						Race W	Sex M	Date of Birth 12/15/1964
<p>step. After the first step, Bechard paused to regain his balance. Bechard conducting an improper turnaround by way of pivoting on both feet. During the return set of steps, Bechard missed heel-to-toe on steps, two, four, six, and nine.</p> <p>The final exercise conducted, was the One-Leg Stand. During the exercise, Bechard raised his right foot. Bechard swayed and raised his arms more than six inches from his sides. Bechard placed his foot down twice prior to being told to do so, one of which he placed his foot down and stepped back.</p> <p>Based on this Officer's observations, Bechard was placed under arrest at 2340 hours. At PBSO BAT, this Officer requested Bechard to provide a breath sample for the purpose of determining its alcohol content, to which he refused. This Officer read Florida Implied Consent to Bechard to which he acknowledged and again refused at 0032 hours.</p> <p>Based on the results of the investigation, this Officer has probable cause to prove John Bechard operated a motor vehicle, in the state of Florida, while under the influence to the extent his normal faculties were impaired, in violation of FSS 316.193(1)(A).</p>								
NOT A CERTIFIED COPY								
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/17/2021 DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 12/17/2021 DATE				PAGE 2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

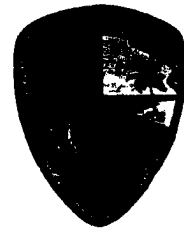
P. I. O.

SCANNED

DEC 17 2021



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-138930 PBSO Zone: 3-13

Agency Case #: 21005745 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 2319 Date of Incident: 12/16/2021 Day: THURSDAY
Location of Incident: PGA BLVD/N MILITARY TRL, PBG, FL

Arrest Information:

Time of Arrest: 23:40 Date of Arrest: 12/16/2021 Day: THURSDAY
Location of Arrest: 4533 PGA BLVD, PBG, FL

Subject's Name: (L) BECHARD, (F) JOHN, (M) ROBERT

DOB: 12/15/1964 Race: W Sex: M Height: 5'8 Weight: 195 Hair GRY Eye BRO

Address: 2 BALFOUR CT, PALM BEACH GARDENS, FL 33418 Phone: (561) 245-1362

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

- 1) **REFUSED** at 23:40 hrs.
2) at hrs.
3) - at - hrs.
4) - at - hrs.

---BAT Use---

BAT Notified: YES
Arrival Time at BAT: 0007
Subject Arrest Time: 23:40

Breath Test Operator: LEAHEY, TOM 19183
PBSO

SCANNED
DEC 17 2021

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Bechard, John R

CASE NUMBER: 21-138930

DATE: Dec 17, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0030

ENDING TIME: 0033

BREATH TESTS RESULTS: 1) R TIME 032 A.M. ☒ P.M. ☐ 2) n/a TIME 0 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

ATTITUDE: cooperative, calm

CLOTHING: blue jeans, red t-shirt, brown shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0007 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C

subject refused to perform breath test

A/O read rights & subject understood rights

A/O attempted Q&A

subject invoked right to counsel

REFUSED

SCANNED
DEC 17 2021

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, **OFC. ANDREW FLINK**, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of **PALM BEACH GARDENS POLICE DEPARTMENT**, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the **16TH** day of **DECEMBER**, 20 **21**, at **23:40** ☒ P.M. ☐ A.M.

DRIVER **JOHN** **ROBERT** **BECHARD**
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **B263476644550**, state of **FL**, was placed under lawful arrest for

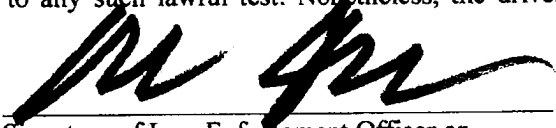
the offense of **DRIVING UNDER THE INFLUENCE** by **OFC. ANDREW FLINK** and
 (Name of Arresting Officer)

issued Citation # **AECQJQE**

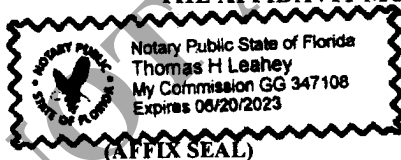
That on or about the **17TH** day of **DECEMBER**, 20 **21**, at **0032** ☐ P.M. ☒ A.M.

in **PALM BEACH** County,

I requested that the driver submit to a **X** breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


 Signature of Law Enforcement Officer or
 Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before

me this **17TH** day of **DECEMBER**, 20 **21**,

by **OFC. ANDREW FLINK**,

who is personally known to me or who has produced

Kuam as identification

Notary Public **T. Leahey**

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date **12/17/2021**

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SUBJECT: B. Ford, John R 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? _____

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: JTC Fe 12/14 5/14

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Deborah, J. h. R 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) _____

SCANNED

DEC 17 2021

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



**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: 2021031825	Date: 12/17/2021
	Specialist Name/ID: T Howard/7185

SCANNED
DEC 17 2021