

J# 0526274 21CT16294ANB Y# 51

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	N
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT			Agency Report Number 78 - 21004246				
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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) PGA Blvd./ Prosperity Farms Rd.				Location of Offense (Business Name, Address) PGA Blvd./ Prosperity Farms Rd.					
Date of Arrest 09/26/2021		Time of Arrest 22:49		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle 4701 East Ave, WPB, FL							
Name (Last, First, Middle) Burke, Kerry, C				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 01/04/1988		Height 5'5"		Weight 160	
Eye Color Brown		Hair Color Brown		Complexion Light		Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo: Cat, Neck				Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) 1841 Highland Dr Apt. B		(City) North Palm Beach		(State) FL		(Zip) 33408		Phone (561) 801-2723	
Permanent Address (Street, Apt. Number) 1841 Highland Dr Apt. B		(City) North Palm Beach		(State) FL		(Zip) 33408		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Business Address (Name, Street) FCIC/NCIC		(City)		(State)		(Zip)		Address Source FCIC/NCIC	
DL Number, State 4096399 D.C.		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Palm Beach Gardens, FL		Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)				(City)		(State)		(Zip)	
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 <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 B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics	
U. Unknown Z. Other		Charge Description DUI - Normal Faculties Impaired		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)(A)	
Drug Activity N/A		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Location (Court, Court Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700									
Court Date and Time Month October Day 27 Year 2021 Time 10:00 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 09/26/2021									
Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____									
HOLD for other Agency Name:		Signature of Arresting Officer				Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) James Lovett		I.D. # 523		(PRINT) SEP 27 AM 1:08	
Intake Deputy [Signature]		I.D. #		Pouch #		Transporting Officer James Lovett		ID # 523	
Agency PRGPD		Witness (if subject signed with ap-X)		PAGE 1		OF 1			

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

MINI AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

SEP 29 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 26 day of September 2021 at 22:30 ☐ AM ☒ PM

Subject: Burke, Kerry, C Case Number: 21004246

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: James Lovett 523

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

On September 26th, 2021, at approximately 22:30 hours I initiated a traffic stop on a white Jeep bearing FL tag QRAJ53 for operating after sunset with no taillights activated. I made contact with the driver and sole occupant of the vehicle Kerry C. Burke, identified by her Washington D.C. driver's license.

OBSERVATION OF DRIVER:

During my contact with Burke I observed her eyes to be glassy and observed a wine glass half full with red wine.

DRIVER STATEMENTS:

Burke stated she was coming from a restaurant where she had a tequila cocktail and another wine drink. Also, she attempted to conceal the wine glass when I returned to the vehicle after conducting a records check of her driver's license.

ODORS: The odor of an unknown alcoholic beverage emitting from her breath at a conversational distance.

GENERAL OBSERVATIONS

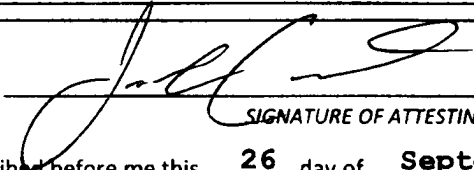
SPEECH: Rambling

ATTITUDE: Compliant, argumentative, and the insulting

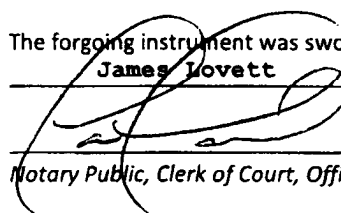
CLOTHING: Sundress

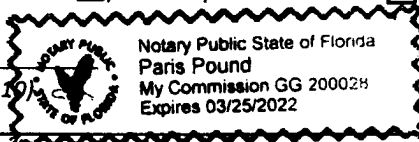
MEDICAL/OTHER: Broken left foot in the past

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ATTESTING OFFICER

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of September 2021 by James Lovett 523 who is ☒ personally known to me or ☐ produced


Notary Public, Clerk of Court, Officer (FSS 117.19)



STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Burke, Kerry, C

Case Number: 21004246

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Burke stated she understood all instructions. I observed a 3-4 orbital sway during the task. She also moved her head during the task.

Walk and Turn



Burke stated she understood all instructions. During the instructions, she became argumentative. Burke did not hold the instruction position while I was giving them and she started too soon. During her first sequence of steps, she took 15 steps. She missed heel to toe on steps 1, 6, 14, and 15. She stepped off the line on step 13. She then did not make a turn and stated she forgot second sequence of steps. She also spontaneously uttered "I do this in yoga sober when I wake up and it's still hard."

Walk and Turn Cont.



On her second sequence steps, she took 15 steps. She missed heel to toe on steps 1, 12, and 15. She also stepped off the line on steps 2 and 12.

One Leg Stand



Burke stated she understood all the instructions. She raised her left foot due to breaking it in the past. During the task, Burke used her arms for balance and swayed. She also did not count out loud and did not keep her legs straight.

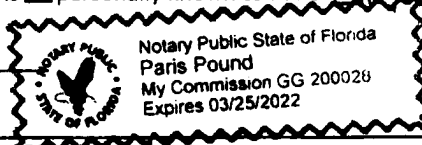
NOT A CERTIFIED COPY

BREATH RESULTS: 1) Refused @ 2) Refused @ 3) @ 4) @

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of September 2021 by James Loyett 523 who is ☒ personally known to me or ☐ produced

Notary Public, Clerk of Court, Officer (FSS 117.10)

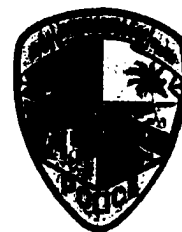


SIGNATURE OF ATTESTING OFFICER

STAMP



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



PBSO Case #: 21-110908 PBSO Zone: 3-15

Agency Case #: 21004246 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 22:30 Date of Incident: 09/26/2021 Day: Sunday

Location of Incident: PGA Blvd./ Prosperity Farms Rd.

Arrest Information:

Time of Arrest: 22:49 Date of Arrest: 09/26/2021 Day: Sunday

Location of Arrest: PGA Blvd./ Prosperity Farms Rd.

Subject's Name: Burke Kerry C DOB: 01/04/1988

Race: W Sex: F Height: 5'5" Weight: 160

Arresting Officer's Name: James Lovett ID#: 523

Agency: PBGPD Division: Road Patrol

Breath Results

- 1) _____ at _____ hrs.
2) _____ at _____ hrs.
3) **REFUSED** at _____ hrs.
4) _____ at _____ hrs.

---BAT Use---

BAT Notified: YES
Arrival Time at BAT: 23:14
Subject Arrest Time: 22:49

Breath Test Operator: 24639

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

I, **James Lovett**, 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 **26** day of **September**, 20 **21**, at **22:49** ☒ P.M. ☐ A.M.

DRIVER **Kerry** **C** **Burke**
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

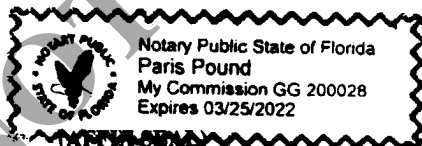
DL# **4096399**, state of **D.C.**, was placed under lawful arrest for
 the offense of **DUI - Normal Faculties Impaired** by **James Lovett** and
 issued Citation # **AECNSE**
 (Name of Arresting Officer)

That on or about the **26** day of **September**, 20 **21**, at **23:39** ☒ P.M. ☐ A.M.
 in **PALM BEACH** County,

I requested that the driver submit to a ☒ 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 **26** day of **September**, 20 **21**,

by **James Lovett**,

who is personally known to me or who has produced
 _____ as identification

Notary Public _____

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

 Signature of Attesting Officer

Title _____

Date _____

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.

DUI WITNESS LIST

21004246

Arresting Officer: James Lovett 523 Email: JLovett@PBGFL.com
Agency Address: 10500 N. Military Trl. PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: Ofc. Jason Hennessy #409
Agency Address: 10500 N. Military Trl. PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: Investigation

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: Pound ID: 24639 Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ **Involvement:** _____
Address: _____ **Phone:** _____
Can Testify To: _____ ☐ Wheel Witness

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: BURKE, KERRY C

CASE NUMBER: 21-110908

DATE: Sep 26, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:37

ENDING TIME: 23:42

BREATH TESTS RESULTS: 1) R TIME 23:39 A.M. ☐ P.M. ☒ 2) N/A TIME N/A A.M. ☒ P.M. ☐
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, LOUD, PROFANITY

CLOTHING: BLUE / WHITE DRESS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:14 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: INVOKED HER RIGHTS TO COUNSEL

REFUSED

REFUSED

SUBJECT: 100-101111-1

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: _____

PBSO #0129C REV. 9/93

WHITE - STATE ATTY.

YELLOW · DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: BURKE, Kerry C CASE NUMBER: 110111

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:

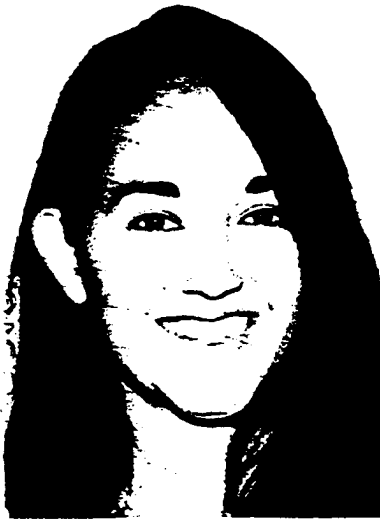
1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to 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) E. Carmona

WASHINGTON, DC
DRIVER LICENSE



USA



Kerry Burke

4d.DLN

4096399

4b.EXP

01/04/2025

1.FAMILY NAME

BURKE

2.GIVEN NAMES

KERRY

CLAIRE

8.ADDRESS

**2112 8TH ST NW APT#332
WASHINGTON, DC 20001-8204**

15.SEX

F

16.HGT

5'-05"

17.WGT

135

18.EYES

BRO

3.DOB

01/04/1988

9.CLASS

D

4a.ISS

07/08/2017

9a.ENDORSEMENTS

O

DONOR

12.RESTRICTIONS

0

5.DD: **21735315**



NOT A CERTIFIED COPY



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

REVIEW COMPLETED BY

Booking Number: 2021024134

Date: 9/27/2021

Specialist Name/ID: M.Meek/33849