

0519569

20MM8782 MB 78

ARREST / NOTICE TO APPEAR

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

Agency ORI Number: **0500800** Agency Name: **West Palm Beach Police Department** Agency Report Number (N.T.A.'s only): **9 | 4 | 2020-0017039**

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Location of Arrest (Including Name of Business): **207 N CHILLINGWORTH DR** Location of Offense (Business Name, Address): **207 N CHILLINGWORTH DR, WEST PALM BEACH, FL 33407**

Date of Arrest: **11/11/2020** Time of Arrest: **15:33** Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle:

Name (Last, First, Middle): **TRAN, KIM OUY** Alias: \_\_\_\_\_

Sex: **F** Date of Birth: **08/28/1953** Height: **5'02** Weight: **130** Eye Color: **BROWN** Hair Color: **BLACK** Complexion: **LIGHT** Build: **Small**

Marital Status: **M** Religion: **NO PREF**

Local Address (Street, Apt. Number): **207 N CHILLINGWORTH DR, WEST PALM BEACH, FL 33409** Home Phone: **(561) 827-3408**

Permanent Address (Street, Apt. Number): **207 N CHILLINGWORTH DR, WEST PALM BEACH, FL 33409** Mobile Phone: \_\_\_\_\_ Address Source: **FL DL**

Business Address (Name, Street): \_\_\_\_\_ (City) (State) (Zip) Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

DL Number, State: **T650515538080 / FL** Sec. Sec. Number: \_\_\_\_\_ DNS Number: \_\_\_\_\_ Place of Birth (City, State): **SAIGON, FF, Vietnam** Citizenship: **Vietnam**

Co-Defendant Name (Last, First, Middle): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Co-Defendant Name (Last, First, Middle): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent / Other: \_\_\_\_\_ Name (Last, First, Middle): \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Legal Custodian: \_\_\_\_\_

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

Notified by: (Name) \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Released To: (Name) \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

JUVENILE DISPOSITION:  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

The above address was provided by  defendant and/or  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.

Property Crime?  Yes  No Description of Property: \_\_\_\_\_ Value of Property: \_\_\_\_\_

Drug Activity: **BATTERY- BATTERY (SIMPLE)** Statute Violation Number: **784.03(1A)** Violation of ORD #: \_\_\_\_\_

Drug Type: **N** Amount / Unit: **/** Offense #: **1** Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_

Charge Description: \_\_\_\_\_ Statute Violation Number: \_\_\_\_\_ Violation of ORD #: \_\_\_\_\_

Drug Activity: \_\_\_\_\_ Drug Type: \_\_\_\_\_ Amount / Unit: \_\_\_\_\_ Offense #: \_\_\_\_\_ Counts: \_\_\_\_\_ Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Charge Description: \_\_\_\_\_ Statute Violation Number: \_\_\_\_\_ Violation of ORD #: \_\_\_\_\_

Drug Activity: \_\_\_\_\_ Drug Type: \_\_\_\_\_ Amount / Unit: \_\_\_\_\_ Offense #: \_\_\_\_\_ Counts: \_\_\_\_\_ Domestic Violence:  Y  N Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Health / Apparent Physical Condition of Defendant: \_\_\_\_\_ Any knowledge of the following:  Mental  Escape Risk  Medication  Deformities  Injuries

Check which applies:  Released O.R.  Released to Parent/Guardian  T.O.T. County Jail  PROPERTY - Received By: \_\_\_\_\_ Released By: \_\_\_\_\_ Released To: \_\_\_\_\_

Transported By: \_\_\_\_\_ Date Transported: \_\_\_\_\_ Time Transported: \_\_\_\_\_ Other: \_\_\_\_\_

INSTRUCTION NO. 1 - Mandatory appearance in court

INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): \_\_\_\_\_ Court Date and Time: \_\_\_\_\_

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 AN ARREST FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian): \_\_\_\_\_ Date Signed: \_\_\_\_\_

I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.

(361) 827-3408 INITIAL: \_\_\_\_\_

HOLD for Other Agency:  Dangerous  Resisted Arrest  Suicidal  Other

Signature of Arresting Officer: **POTTER, JAIMEE** ID # **01959** Agency: **1959 WPP**

Name Verification (Printed by Arrestee): \_\_\_\_\_ (PRINT)

Witness here if subject signed with an "X": \_\_\_\_\_

Page: 1 OF 1

ARRESTED

NOV 11 2020  
NOV 12 2020  
NOV 13 2020  
NOV 14 2020  
NOV 15 2020  
NOV 16 2020  
NOV 17 2020  
NOV 18 2020  
NOV 19 2020  
NOV 20 2020  
NOV 21 2020  
NOV 22 2020  
NOV 23 2020  
NOV 24 2020  
NOV 25 2020  
NOV 26 2020  
NOV 27 2020  
NOV 28 2020  
NOV 29 2020  
NOV 30 2020  
NOV 31 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

|   |  |                                     |  |                                     |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|---|--|-------------------------------------|--|-------------------------------------|--|--|---|--|--------------|--------|--------------------------|-----|-------------------------------------|----|--|--|--|--|---------|-------------------------------------|--|--------------------------|--|--|--|--|--|-----------|-------------------------------------|--|--------------------------|------------------|--|--|--|--|--------------|--------------------------|--|-------------------------------------|-------|--|--|--|--|------------|-------------------------------------|--|--------------------------|-------------------------------|--|--|--|--|-----------|-------------------------------------|--|--------------------------|--|--|--|--|--|--------------------|--------------------------|--|-------------------------------------|--|--|--|--|--|------------|--------------------------|--|--------------------------|-------------|--|--|--|--|-----------|--------------------------|--|--------------------------|--------------------------|--|--|--|--|--|--------------------------|--|-------------------------------------|-------------|--|--|--|--|--------------------|--------------------------|--|-------------------------------------|--|--|--|--|--|------------------|--------------------------|--|-------------------------------------|--|--|--|--|--|---------------------------------|--------------------------|--|-------------------------------------|---------------------|--|--|--|--|-------------------------------------|-------------------------------------|--|--------------------------|--|--|--|--|--|----------------------------|--------------------------|--|-------------------------------------|--|--|--|--|
| A<br>D<br>M<br>I<br>N   | Date / Time<br><b>11/11/2020 15:50</b>   |                                     | Agency ORI Number<br><b>FL 0500800</b>                         |                                     | Agency Name<br><b>WEST PALM BEACH POLICE</b> |  | Agency Report Number<br><b>9   4   2020-0017039</b> |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | Name (Last, First, Middle)<br><b>TRAN, KIM QUY</b>   |                                     | Race<br><b>O</b>   |                                     | Sex<br><b>F</b>                              |  | Date of Birth<br><b>08/28/1953</b>                  |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
| O<br>F<br>F<br>I<br>C<br>E<br>R   | Charge Description<br><b>784.03(1A1) BATTERY- BATTERY (SIMPLE)</b>   |                                     |  |                                     |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | Victim's Name (Last, First, Middle)<br><b>TRAN, KIM QUY</b>  |                                     | Race<br><b>O</b>   |                                     | Sex<br><b>F</b>                              |  | Date of Birth<br><b>08/28/1953</b>                  |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
| V<br>I<br>C<br>T<br>I<br>M  | Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>207 N CHILLINGWORTH DR, WEST PALM BEACH, FL 33409</b>   |                                     |  |                                     | Phone<br><b>(561) 827-3408</b>               |  | Address Source<br><b>FL DL</b>                      |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | Business Address (Name, Street) (City) (State) (Zip)   |                                     |  |                                     | Phone  |  | Occupation  |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
| A<br>D<br>D<br>I<br>T<br>I<br>O<br>N<br>A<br>L<br>I<br>N<br>F<br>O<br>R<br>M<br>A<br>T<br>I<br>O<br>N   | DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral                                     |                                     | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):<br><b>UPSET</b> |                                     |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral  |                                     |  |                                     |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
| RELATIONSHIP BETWEEN VICTIM & SUSPECT<br><b>MARRIED</b>   |  |                                     |  |                                     |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
| <table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene:</td> <td><input type="checkbox"/></td> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>CALLER: ATTORNEY</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td>TYPE:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>WITNESSES:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>(If YES, attach witness list)</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>PARAMEDICS:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>Hospital:</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td>NAMES/AGES:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td>CASE #: 20200005397</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> </table> |  |                                     |  |                                     |  |  |   |  | PHOTOGRAPHS: | Scene: | <input type="checkbox"/> | YES | <input checked="" type="checkbox"/> | NO |  |  |  |  | Victim: | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> |  |  |  |  |  | 911 CALL: | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> | CALLER: ATTORNEY |  |  |  |  | WEAPON USED: | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> | TYPE: |  |  |  |  | WITNESSES: | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> | (If YES, attach witness list) |  |  |  |  | INJURIES: | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> |  |  |  |  |  | MEDICAL TREATMENT: | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> |  |  |  |  |  | AT: Scene: | <input type="checkbox"/> |  | <input type="checkbox"/> | PARAMEDICS: |  |  |  |  | Hospital: | <input type="checkbox"/> |  | <input type="checkbox"/> | PHYSICIAN(S) / HOSPITAL: |  |  |  |  | ACT COMMITTED IN PRESENCE OF MINOR(S): | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> | NAMES/AGES: |  |  |  |  | H. R. S. NOTIFIED: | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> |  |  |  |  |  | VICTIM PREGNANT: | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> |  |  |  |  |  | VIOLATION OF RESTRAINING ORDER: | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> | CASE #: 20200005397 |  |  |  |  | PRIOR HISTORY OF DOMESTIC VIOLENCE: | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> |  |  |  |  |  | ALCOHOL OR DRUGS INVOLVED: | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> |  |  |  |  |
| PHOTOGRAPHS:  | Scene:   | <input type="checkbox"/>            | YES  | <input checked="" type="checkbox"/> | NO   |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | Victim:  | <input checked="" type="checkbox"/> |  | <input type="checkbox"/>            |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | 911 CALL:  | <input checked="" type="checkbox"/> |  | <input type="checkbox"/>            | CALLER: ATTORNEY                             |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | WEAPON USED:   | <input type="checkbox"/>            |  | <input checked="" type="checkbox"/> | TYPE:  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | WITNESSES:   | <input checked="" type="checkbox"/> |  | <input type="checkbox"/>            | (If YES, attach witness list)                |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | INJURIES:  | <input checked="" type="checkbox"/> |  | <input type="checkbox"/>            |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | MEDICAL TREATMENT:   | <input type="checkbox"/>            |  | <input checked="" type="checkbox"/> |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | AT: Scene:   | <input type="checkbox"/>            |  | <input type="checkbox"/>            | PARAMEDICS:                                  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | Hospital:  | <input type="checkbox"/>            |  | <input type="checkbox"/>            | PHYSICIAN(S) / HOSPITAL:                     |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | ACT COMMITTED IN PRESENCE OF MINOR(S):   | <input type="checkbox"/>            |  | <input checked="" type="checkbox"/> | NAMES/AGES:                                  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | H. R. S. NOTIFIED:   | <input type="checkbox"/>            |  | <input checked="" type="checkbox"/> |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | VICTIM PREGNANT:   | <input type="checkbox"/>            |  | <input checked="" type="checkbox"/> |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | VIOLATION OF RESTRAINING ORDER:  | <input type="checkbox"/>            |  | <input checked="" type="checkbox"/> | CASE #: 20200005397                          |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | PRIOR HISTORY OF DOMESTIC VIOLENCE:  | <input checked="" type="checkbox"/> |  | <input type="checkbox"/>            |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | ALCOHOL OR DRUGS INVOLVED:   | <input type="checkbox"/>            |  | <input checked="" type="checkbox"/> |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
| N<br>A<br>R<br>R  | On Wednesday November 11, 2020, at approximately 1214 hours, I responded to 324 Datura St (Law Office) in reference to an elderly male advising his wife abuses him. |                                     |  |                                     |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
|   | Upon my arrival, I made contact with victim Thanh Pham (O/M 2/23/4) whose English is very bad. From what I   |                                     |  |                                     |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |
| STATE OF FLORIDA<br>COUNTY OF PALM BEACH<br>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.<br><br><u>J. Pavan</u> 1959<br>SIGNATURE OF ARRESTING OFFICER<br><br>Sworn to and subscribed to before me this <u>11</u> day of <u>November</u> , 2020<br><br><u>GLYNN, KEITH</u> #2011<br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  |  |                                     |  |                                     |  |  |   |  |              |        |                          |     |                                     |    |  |  |  |  |         |                                     |  |                          |  |  |  |  |  |           |                                     |  |                          |                  |  |  |  |  |              |                          |  |                                     |       |  |  |  |  |            |                                     |  |                          |                               |  |  |  |  |           |                                     |  |                          |  |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |            |                          |  |                          |             |  |  |  |  |           |                          |  |                          |                          |  |  |  |  |  |                          |  |                                     |             |  |  |  |  |                    |                          |  |                                     |  |  |  |  |  |                  |                          |  |                                     |  |  |  |  |  |                                 |                          |  |                                     |                     |  |  |  |  |                                     |                                     |  |                          |  |  |  |  |  |                            |                          |  |                                     |  |  |  |  |

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NOV 12 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

|                       |   |  |  |   |
|-----------------------|---|--|--|---|
| A<br>D<br>M<br>I<br>N | Date / Time<br><b>11/11/2020 15:50</b>    | Agency ORI Number<br><b>FL 0500800</b> | Agency Name<br><b>WEST PALM BEACH POLICE</b> | Agency Report Number<br><b>9   4   2020-0017039</b> |
|                       | N<br>A<br>R<br>R<br>A<br>T<br>I<br>V<br>E |  |  |   |

could understand, Pham said that he was outside at his neighbor's house (201 N. Chillingworth Dr) when his wife Kim Tran (O/M 8/28/53) came outside and hit him with a stick. Pham also kept saying that Tran hits while he sleeps. Pham then began to show me several injuries that he obtained from Tran hitting him which included a dollar coin size bruise on his left forearm, a scratch and yellowish bruising on his right thigh, and his right eyeball was red. Pham said that Tran hits him in his sleep with a stick. Pham said that his neighbor saw the incident that occurred in front of his witness.

I then responded to the residence at 207 N. Chillingworth Dr where I made contact with Tran who did not speak English. Tran's daughter Ngoc Tuyet Anh Nguyen (O/F 9/3/80) who translated for me. Nguyen said that they caught Pham cheating back on November 3, 2020 at 1700 Embassy Dr (CAD 2000198536). Nguyen said that when he got back home, he got into an argument with Tran pushed her and she defended herself with a stick. Nguyen said that there have been several other incidents where Tran and Nguyen hit and push each other.

I then made with the neighbor at 201 N. Chillingworth Dr. via landline who advised he would be home soon. While on scene Christopher James (b/m 9/28/59) who stated the following:

James stated that Tran is abusive towards Pham and constantly hitting Tran and treating him bad. James stated on election day, he was outside when Pham came running out with Tran following behind him with a butcher knife. James stated that he could not understand what they were saying due to speaking another language however she was pointing at him yelling, and then took her open hand and slapped him in the face. James then stated a few days (unsure exactly which day) Pham got home from Lake Worth, and Tran attempted to rip the keys out from Pham's pocket, eventually biting him in his left forearm, slinging the keys striking Pham in the left eye. James stated that Pham brought a stick over to him stating Tran struck him with the stick, but he did not witness that incident. James says that Pham fears Tran and stays outside of his residence all day long to stay away from her. He also stated that Pham tells him that Tran hits him during his sleep.

I noticed there were cameras outside of James residence and he advised that it is possible that the camera caught the incident and would get back to me.

I have probable cause to charge Tran with 1 count of Domestic Violence per F.S.S 784.03(1A1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

J. Patten 1959  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 11 day of November, 2020

GLYNN, KEITH #2011  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 11714)

SCANNED  
NOV 12 2020

**VICTIM NOTIFICATION FORM**

This form must be filled out in a case involving one of the following crimes.

- Homicide (Ch 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #. 2020-17039 Agency: West Palm Beach  
 Offense: Domestic Battery  
 Suspect/Offender: Kim Quy Tran  
 D.O.B. 8/28/53 Race: O Sex: F

2. Warrant #(s) \_\_\_\_\_

3. Complete one (1) of the following:

a. Victim's name: Thanh Pham  
 Address: 209 N. Chillingworth Dr  
 City: WPB State: FL Zip: 33407  
 Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: 561-827-9234

b. Victim's next of kin: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify).  
 \_\_\_\_\_

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.**

Signature of person waiving notification: \_\_\_\_\_  
 Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: J. Potter ID: 1959 Date: 11/11/20

SUSPECT/OFFENDER:

COURT CASE/WARRANT #  
(FOR WITNANTS USE ONLY)

SCANNED  
NOV 12 2020

**PALM BEACH CNTY SHERIFF'S OFFICE**

Date: 11/11/2020

Time: 6:44 PM

Page: 1 of 1

**VICTIM NOTIFICATION ENTRY**

Defendant Name: TRAN, KIM QUY

SSN: [REDACTED]

Book #: 2020026572

Victim First Name: THANH  
Victim Middle Name:  
Victim Last Name: PHAM  
Victim Full Name: PHAM, THANH  
Victim Minors Name:

Victim Address 1: 207 N CHILLINGWORTH DR  
Victim Address 2:  
Victim City: WEST PALM BEACH  
Victim State/Zip: FL 33407  
Minor Relationship:

Day Phone: (561) 827-9234  
Night Phone:  
Last 4 SSN:  
Victim Type: DOMESTIC VIOLENCE  
Victim Id: 172166  
Book #: 2020026572  
Entry By: 32779 Modified By: 32779

NOT A CERTIFIED COPY

SCANNED  
NOV 12 2020



**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),<br>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),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.   | 2-3            |
|   | <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),<br>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: 2020026572 | Date: 11/11/20                   |
|                            | Specialist Name/ID: J. Beck/9007 |