

50-2020-CT-009887-ANB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>	Agency Report Number (N.T.A.'s only) <b>78-20-003669</b>
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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 1. Yes 2. No	Multiple Clearance Indicator
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Location of Arrest (Including Name of Business) <b>ALT A1A/KYOTO GARDENS PBG, FL</b>	Location of Offense (Business Name, Address) <b>ALT A1A/SOUTH ENTRADA PBG, FL</b>
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Date of Arrest <b>08/15/2020</b>	Time of Arrest <b>00:10</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>
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Name (Last, First, Middle) <b>Hofseth, Kurt,</b>	Alias (Name, DOB, Soc. Sec. #, Etc.)
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Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>02-13-1967</b>	Height <b>5'10</b>	Weight <b>220</b>	Eye Color <b>BLUE</b>	Hair Color <b>GREY</b>	Complexion <b>MEDIUM</b>	Build <b>MEDIUM</b>
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Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>UPPER ARM</b>	Marital Status <b>SINGLE</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
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Local Address (Street, Apt. Number) <b>3193 ATLANTIC RD PALM BEACH GARDENS FL 33410</b>	Phone <b>(561) 714-8016</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>
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Permanent Address (Street, Apt. Number)	Phone	Address Source
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Business Address (Name, Street)	Phone	Occupation <b>MECHANIC</b>
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D/L Number, State <b>H123-500-67-053-0 FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>	Citizenship <b>US</b>
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
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Parent Name (Last, First, Middle)	Residence Phone
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Address (Street, Apt. Number)	City	State	Zip	Business Phone
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Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
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Released To: (Name)	Relationship	Date	Time
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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
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Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property
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Drug Activity N. N/A P. Possess	S. Sell 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
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Charge Description <b>DRIVING UNDER THE INFLUENCE</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(A)</b>	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
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Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>
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Court Date and Time Month <b>SEPTEMBER</b> Day <b>16</b> Year <b>2020</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM
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I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED	Signature of Defendant (or Juvenile and Parent / Custodian)	Date Signed <b>08/15/2020</b>
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HOLD for other Agency Name:	Signature of Arresting Officer <b>X</b>	Name Verification (Printed by Arrestee)
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<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>Ofc. A. Sheobo</b>	I.D. # <b>524</b>	Intake Deputy <b>SPAWN BLOI</b>	I.D. #	Pouch #	Transporting Officer <b>Ofc. A. Sheobo</b>	I.D. # <b>524</b>	Agency <b>PBGPD</b>	Witness here if subject signed with an "X"	PAGE <b>1</b> OF <b>1</b>
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DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

0328463

3639

2020 AUG 15 4:17:45

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF AUGUST 2020, AT 00:10  AM  PM

SUBJECT: Hofseth, Kurt, CASE NUMBER: 20-003669

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. A. Sheobo 524

## PERSONAL CONTACT

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

This officer arrived at the location of a traffic stop initiated by Ofc. Hennessey (409) at ALT A1A and Kyoto Gardens PBG, FL, to assist with an investigation. Ofc Hennessey advised he observed the vehicle traveling 13 MPH over the posted speed limit. This officer made contact an individual, identified via Florida Driver License photo, Kurt Hofseth who was in direct physical control of the vehicle and behind the wheel. Ofc Hennessey said Hofseth was the driver at the time of the traffic stop.

## OBSERVATION OF DRIVER:

This officer observed Hofseth appear slow and sluggish getting out of the vehicle. Hofseth appeared to not have his balance as he stepped out of the car. While walking to rear of the car Hofseth's walking pattern was slow as he was directed.

## DRIVER'S STATEMENTS:

Hofseth stated to this officer that he got of work he went to Pirates Well and consumed two beverages.

## ODORS:

Due to wearing my PPE I was unable to detect any ordors.

## GENERAL OBSERVATIONS

SPEECH: Normal

ATTITUDE: Argumentative

CLOTHING: Red shirt, dark pants, brown boots

MEDICAL/OTHER: None

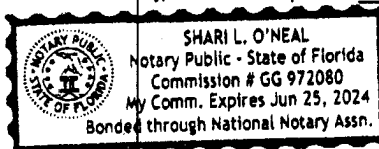
STATE OF FLORIDA  
COUNTY OF PALM BEACH

 524  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of August 2020 by Ofc. A. Sheobo

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

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



SUBJECT: Hofseth, Kurt,

CASE NUMBER 20-003669

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

\_\_\_\_\_

**WALK & TURN:**

Not conducted post Taylor Warning

\_\_\_\_\_

**ONE LEG STAND:**

Not conducted post Taylor Warning

\_\_\_\_\_

**ROMBERG ALPHABET:**

Not conducted post Taylor Warning

\_\_\_\_\_

**FINGER TO NOSE:**

Not conducted post Taylor Warning

\_\_\_\_\_

**BREATH TEST RESULTS:**

1)  2)  3)  4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]* 524

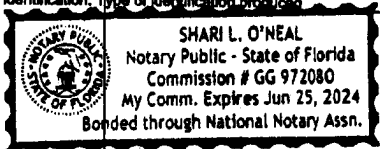
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of August 2020 by Ofc. A. Sheobo

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

*[Signature]*

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



# TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. SHEOBO #524

SUBJECT: HOFSETH, KURT

CASE NUMBER: 20-097424

DATE: 08-15-2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0116 HRS

ENDING TIME: 0119 HRS

BREATH TESTS RESULTS: **REFUSED** 1) TIME 0118 A.M.  P.M.  2) TIME A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: CALM, QUIET, AGITATED

CLOTHING: SHIRT-RED PANTS-NAVY BLUE

MEDICAL CONDITIONS: NONE

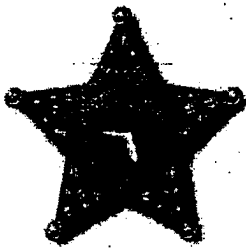
MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT, GLASSY

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O SHEOBO #524  
A/O REQUESTED THE BREATH TEST.  
D REFUSED THE REQUEST  
A/O READ THE IMPLIED CONSENT ON CAMERA.  
D WANTED HIS ATTORNEY PRESENT WHEN HE TOOK THE TEST.  
LET D KNOW THAT WAS NOT GOING TO HAPPEN.  
D STATED NOT WITH OUT HIS ATTORNEY.  
TAKEN AS A REFUSAL.  
C/W READ ON CAMERA, Q&A REFUSED.



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

PBSO CASE # 20-097424

PBSO ZONE 3-13

AGENCY CASE # 20-003669

CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 23:59

DATE 08/15/2020

DAY Saturday

SUBJECT'S NAME Hofseth Kurt  
LAST FIRST

RACE W SEX M  
MID

HGT 5'10 WGT 220

DOB 02-13-1967

LOCATION ALT A1A/KYOTO GARDENS PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. A. Sheobo 524 AGENCY PBGPD

DIVISION: ROAD PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 00:47

ARREST TIME 00:10

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

**REFUSED**

NOT A CERTIFIED COPY

BREATH TEST OPERATOR: 6212

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

I, Ofc. A. Sheobo, 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 15 day of AUGUST, 20 20, at 00:10  P.M.  A.M.

DRIVER Kurt Hofseth  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

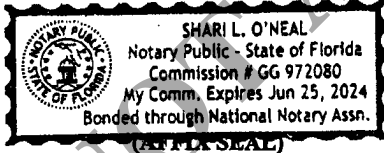
DL# H123-500-67-053-0, state of FL, was placed under lawful arrest for  
the offense of DRIVING UNDER THE INFLUENCE by Ofc. A. Sheobo and  
issued Citation # A56HBJE  
(Name of Arresting Officer)

That on or about the 15 day of AUGUST, 20 20, at 01:18  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.

 524  
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 15 day of August, 20 20,  
by Ofc. A. Sheobo

who is personally known to me or who has produced  
Personally Known as identification

Notary Public S. O'Neal

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.

SUBJECT: Anthony Lopez

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: C. E. Shook 541

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT:

H. Keith Kurt

CASE NUMBER:

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

OR

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am

2nd Sheriff

of the

RAMO

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)

[Signature]

## 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)

[Signature]

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



# PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

## Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020019413	Date: 08/16/2020
	Specialist Name/ID: AM/31562