

JK# 0525455 21 CT 1A212 P# 3447

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	N
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT			Agency Report Number 78 - 21003684				
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) CENTRAL BLVD/GRANDIFLORA RD, PBG, FL				Location of Offense (Business Name, Address) 12300-BLK CENTRAL BLVD, PBG, FL					
Date of Arrest 08/24/2021		Time of Arrest 23:00		Booking Date		Booking Time		Jail Date	
								Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407	
Name (Last, First, Middle) CARLON, LOUISE, CATHERINE									
Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 11/03/1956		Height 5'4		Weight 145	
						Eye Color HAZ		Hair Color BLN	
						Complexion LGT		Build SMALL	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)									
Local Address (Street, Apt. Number) 853 UNIVERSITY BLVD #303,		(City) JUPITER,		(State) FL		(Zip) 33458		Phone (561) 373-5362	
Permanent Address (Street, Apt. Number) 853 UNIVERSITY BLVD #303,		(City) JUPITER,		(State) FL		(Zip) 33458		Phone	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone	
D/L Number, State C645523569030 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MASSAPEKWA, NY		Citizenship US	
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	
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	
Parent Legal Custodian Other:		Name (Last)		(First)		(Middle)		Residence Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date		Time			
The above address provided by <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)									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics	
U. Unknown Z. Other		Charge Description DRIVING UNDER THE INFLUENCE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(A)	
Violation of ORD #		Drug Activity		Drug Type		Amount / Unit		Offense #	
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Warrant / Capias Number		Bond							

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 24TH day of AUGUST 2021 at 2243 ☐ AM ☒ PM

Subject: CARLON, LOUISE, CATHERINE Case Number: 21003684

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. ANDREW FLINK 514

PERSONAL CONTACT

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

On 08/24/2021 at approximately 2243 hours, This Officer was on conducting a traffic enforcement selective in the area of the 12300-block of Central Blvd, PBG, FL, when a vehicle was observed traveling north bound at an increased rate of speed, in the inside through lane. Body worn camera and in car video were used. This Officer's initial visual estimation of the vehicle, was approximately 65 MPH in a posted 45 MPH zone. Using RADAR Stalker DSR2X (DB001317), front antenna (KC086606) this Officer received a steady tone and reading of 66 MPH. The RADAR calibration was last checked on 05/27/2021 and was due on 11/27/2021. Prior to this tour of duty on this date, this Officer ensured the RADAR was in working order, to confirm the accuracy of the unit. At the end of this tour of duty, this Officer did the same. This Officer received RADAR/LIDAR certification on 05/31/2008, in Cannon AFB, NM. This Officer entered traffic behind the vehicle and observed the vehicle rapidly accelerate from the intersection of Central and Hood. This Officer initiated a traffic stop on the vehicle, a BMW sedan (5289PB/FL) on Central Blvd just north of Grandiflora Rd, PBG, FL. This Officer made contact with the driver and sole occupant of the vehicle, identified via Florida Driver License photo, Louise Carlon, while she was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Carlon had red watery eyes, flushed face to the extent of sweating, slurred speech and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. Carlon was very talkative and had difficulty locating her proper documentation. More than one time, Carlon produced expired documentation.

DRIVER STATEMENTS:

Carlon said she was coming from a country club in North Palm Beach. Carlon said she was on her way home and admitted to consuming one glass of wine on this night.

ODORS: Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant


CLOTHING: White dress, no shoes

MEDICAL/OTHER: CELEXA (ANTI-ANXIETY) MYRBETRIQ

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 24th day of August 2021 by OFC. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced


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



JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

STAMP

SCANNED
AUG 25 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: CARLON, LOUISE, CATHERINE

Case Number: 21003684

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

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

RIGHT EYE

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

Other Observations:

Carlton had to be told multiple times to keep her head still. Carlton had Vertical Gaze Nystagmus in both eyes.

Walk and Turn

During the instructions, Carlton started prior to being told to do so and stepped out of the starting position. During the first set of steps, Carlton raised her arms more than six inches from her sides and missed heel-to-toe on each step. Carlton took eight steps, but counted nine. During the turnaround, Carlton lost her balance, raised her arms and stepped backward. During the return set of steps, Carlton again raised her arms more than six inches from her sides and missed heel-to-toe multiple times. One of the steps Carlton took was a "double tap", where she raised her foot then placed it back down and continued.

One Leg Stand

During the exercise, Carlton raised her right foot. Carlton swayed side-to-side throughout the exercise and kept her arms raised more than six inches from her sides. Carlton had to be told more than once to look down at her raised foot. It should be noted, Carlton was smiling and laughing during the exercise.

BREATH RESULTS: 1) .038 @ 2359 2) .035 @ 0003 3) - @ - 4) - @ -

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 24th day of August 2021 by
OPC. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced.


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



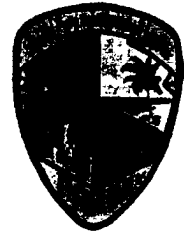
JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

STAMP

SCANNED
AUG 25 2021



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



PBSO Case #: 21-099529

PBSO Zone: 3-13

Agency Case #: 21003684

Crash Case #: _____

Incident Information:

Time of Stop/Crash: 2243 Date of Incident: 08/24/2021 Day: TUESDAY

Location of Incident: 12300-BLK CENTRAL BLVD, PBG, FL

Arrest Information:

Time of Arrest: 23:00 Date of Arrest: 08/24/2021 Day: TUESDAY

Location of Arrest: CENTRAL BLVD/GRANDIFLORA RD, PBG, FL

Subject's Name: (L) CARLON, (F) LOUISE, (M) CATHERINE

DOB: 11/03/1956 Race: W Sex: F Height: 5'4 Weight: 145 Hair BLN Eye HAZ

Address: 853 UNIVERSITY BLVD #303, JUPITER, FL 33458 Phone: (561) 373-5362

Arresting Officer's Name: OFC. ANDREW FLINK

ID#: 514

Agency: PBGPD

Division: TRAFFIC - DUI

Breath Results

- 1) .038 at 23:59 hrs.
- 2) .035 at 00:03 hrs.
- 3) - at - hrs.
- 4) - at - hrs.

URINE

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 23:30

Subject Arrest Time: 23:00

Breath Test Operator: BELL, JOSH 8656

PBSO

SCANNED
AUG 25 2021

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 08/25/2021

Date of Last Agency Inspection: 08/13/2021
Observation Period Began: 23:30
Subject's Name: LOUISE C CARLON

DOB: 11/03/1956 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check OK		23:56
Air Blank	0.000	23:57
Control Test	0.080	23:57
Air Blank	0.000	23:58
Subject Sample #1	0.038	23:59
Air Blank	0.000	00:00
Air Blank	0.000	00:02
Subject Sample #2	0.035	00:03
Air Blank	0.000	00:03
Control Test	0.079	00:03
Air Blank	0.000	00:04
Diagnostics Check OK		00:04

Cylinder Lot: 02021080A1
Exp: 03/05/2023

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced _____ as identification, and who after being placed under oath, states:

I JOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 08/25/21

Sworn to (or affirmed) before me this 25 day of August, 2021

Signature of Notary Public-State of Florida

OFC. A. FLINK #514
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: CARLON, LOUISE CHATHERINE

CASE NUMBER: 21-099529

DATE: Aug 25, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2355

ENDING TIME: 0010

BREATH TESTS RESULTS: 1) .038 TIME 2359 A.M. ☐ P.M. ☒ 2) .035 TIME 0003 A.M. ☒ P.M. ☐
3) N/A TIME XX A.M. ☐ P.M. ☐ 4) N/A TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: TALKATIVE, COOPERATIVE

CLOTHING: WHITE DRESS, NO SHOES

MEDICAL CONDITIONS: ANXIETY, BLADDER CONTROL ISSUES

MEDICATIONS: CELEXA, MYRBETIRIQ

OTHER:

EYES: GLASSY, BLOODSHOT

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2330 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS AND EXPLAINED / SUBJECT STATED SHE UNDERSTOOD

A/O REQUESTED A URINE SAMPLE / SUBJECT STATED SHE WOULD PROVIDE A URINE SAMPLE

A/O READ I.C / SUBJECT STATED SHE UNDERSTOOD I.C

A/O READ RIGHTS / SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

A/O CONDUCTED Q AND A / SUBJECT ANSWERED Q AND A

SUBJECT PROVIDED A URINE SAMPLE AT 0014 HOURS

D.R.E. EVALUATION DONE BY OFFICER MCGILLICUDDY JPD

SCANNED
AUG 25 2021

SUBJECT: Carlen, Louise Catherine CASE NUMBER: 21-CC-684

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 C. F. FINE of the FD-67D

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

Read on Camera

SCANNED
AUG 25 2021

SUBJECT: Carlson, Louise Chatherine CASE NUMBER: 21-003684

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? YES

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? Central

DIRECTION OF TRAVEL? N WHERE DID YOU START? 10th Avenue

WHAT TIME DID YOU START? 1:30 WHAT TIME IS IT NOW? 1:45

WHAT IS TODAY'S DATE? 7/1/2021 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Polk County, Oregon

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? At NTS

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? N WHAT? _____

ARE YOU SICK OR INJURED? N WHAT'S WRONG? _____

DO YOU LIMP? N DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? N

WERE YOU IN AN ACCIDENT TODAY? N

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? N WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? N WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? N WHAT? Valium WHEN? every day

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? N

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? N WHERE? N

INTERVIEWER: Off. A. Flink #514

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

AUG 25 2021

PALM BEACH COUNTY

RIC L. BRADSHAW, SHERIFF

TOXICOLOGY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE

Agency: **PALM BEACH GARDENS POLICE DEPARTMENT**

Case #: **21003684**

Officer: **OFC. ANDREW FLINK** ID#: **514** Email: **aflink@pbgfl.com**

Specimen Collected By: **OFC. ANDREW FLINK** Date: **August 25, 2021** Time: **0014**

Specimen Collected From: **CARLON, LOUISE, CATHERINE** Age: **65** Sex: **F** Hgt: **5'4** Wgt: **145**

Specimen Type: ☐ Blood ☒ Urine ☐ Beverage ☐ Other-Describe _____

Type of Case: ☐ Traffic Crash ☐ Fatality ☒ DWI/DUI ☐ Other Date: **08/24/21** Time: **2300**

Potential Felony? ☐ Yes ☒ No

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☒ No

If yes, name of Medication(s): **N/A**

Subject Arrested: ☒ Yes ☐ No

Breath Test Performed? ☒ Yes ☐ No Results: **.038** **.035**

Tests requested: ☐ Blood Alcohol ☐ Blood Drug Screen ☒ Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all DUI blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Toxicology Unit at 561-688-4814 or toxicologyrequest@pbso.org.

DRE exam performed: ☒ Yes ☐ No DRE Officer: **OFC. STEVE MCGILLIGUDDY** Agency: **JUPITER PD**

DRE Opinion: **SEE REPORT**

DRE Email: _____

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

CELEXA (ANTI-ANXIETY) MYRBETRIQ

Carlton had red watery eyes, flushed face to the extent of sweating, slurred speech and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. Carlton was very talkative and had difficulty locating her proper documentation. More than one time, Carlton produced expired documentation. Carlton said she was coming from a country club in North Palm Beach. Carlton said she was on her way home and admitted to consuming one glass of wine on this night. Multiple further indicators observed during SFSE's.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2021021130	Date: 8/25/2021
	Specialist Name/ID: J. Beck/9007

SCANNED
AUG 25 2021