

M I N I S T R A T I O N	Agency ORI Number <b>0500400</b>	Agency Name <b>Delray Beach Police Department</b>	2 N.T.A. 4. Request for Copies	
	Charge Type: Check as many <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. Outlaw <input type="checkbox"/> 6. Other	Agency Report Number (N.T.A.'s only) <b>4, 0 21-007335</b>	If Weapon Seized Enter Type <b>UNARMED</b>	Multiple Clearance Indicator <b>1</b>
D E F E N D A N T	Location of Arrest (Including Name of Business) <b>OLD GERMANTOWN RD/ SW 22ND AVE DELRAY</b>		Location of Offense (Business Name, Address) <b>2399 OLD GERMANTOWN RD/SW 22ND AVE, DELRAY BEACH,</b>	
	Date of Arrest <b>06/15/2021</b>	Time of Arrest <b>22:40</b>	Booking Date <b>06/15/2021</b>	Booking Time <b>22:50</b>
J U V E N I L E	Name (Last, First, Middle) <b>COLLINS, MACIE MARGARET</b>		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/09/1994</b>	Height <b>5'05</b>
C O D E	Local Address (Street, Apt. Number) <b>701 SE 4TH ST W UNIT, BOYNTON BEACH, FL 33435</b>		Phone <b>(319) 389-0666</b>	
	Permanent Address (Street, Apt. Number) <b>701 SE 4TH ST W UNIT, BOYNTON BEACH, FL 33435</b>		Phone <b>(319) 389-0666</b>	
C H A R G E	Business Address (Name, Street) <b>701 SE 4TH ST W UNIT, BOYNTON BEACH, FL 33435</b>		Phone <b>(319) 389-0666</b>	
	DL Number, State <b>C452553945890 / FL</b>		Place of Birth (City, State) <b>CEDER RAPIDS, IA,</b>	
C O D E	Co-Defendant Name (Last, First, Middle) <b>[REDACTED]</b>		Race <b>[REDACTED]</b>	
	Co-Defendant Name (Last, First, Middle) <b>[REDACTED]</b>		Race <b>[REDACTED]</b>	
C H A R G E	Name (Last, First, Middle) <b>[REDACTED]</b>		Residence Phone <b>[REDACTED]</b>	
	Address (Street, Apt. Number) <b>[REDACTED]</b>		Business Phone <b>[REDACTED]</b>	
C H A R G E	Notified by: (Name) <b>[REDACTED]</b>		Date <b>[REDACTED]</b>	
	Released To: (Name) <b>[REDACTED]</b>		Relationship <b>[REDACTED]</b>	
C H A R G E	The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended <b>[REDACTED]</b>	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property <b>[REDACTED]</b>	
C H A R G E	Drug Activity N. N/A P. Possess		Drug Type N. N/A A. Amphetamine	
	S. Sell B. Buy T. Traffic		B. Barbiturate C. Cocaine E. Heroin	
C H A R G E	R. Seizure D. Deliver E. Use		H. Hallucinogen M. Marijuana O. Opioid/Deriv.	
	K. Dispense/ Distribute		P. Paraphernalia/ Equipment S. Synthetic	
C H A R G E	M. Manufacture/ Produce/ Cultivate		U. Unknown Z. Other	
	Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b>		Status Violation Number <b>316.193(3)(C)(1)</b>	
C H A R G E	Drug Activity <b>N</b>		Amount / Unit <b>/</b>	
	Offense # <b>21-007335</b>		Counts <b>1</b>	
C H A R G E	Charge Description <b>REFUSAL TO SUMIT TO BAL TEST</b>		Status Violation Number <b>316.1939(1)</b>	
	Drug Activity <b>N</b>		Amount / Unit <b>/</b>	
C H A R G E	Offense # <b>21-007335</b>		Counts <b>1</b>	
	Charge Description <b>[REDACTED]</b>		Status Violation Number <b>[REDACTED]</b>	
C H A R G E	Drug Activity <b>[REDACTED]</b>		Amount / Unit <b>[REDACTED]</b>	
	Offense # <b>[REDACTED]</b>		Counts <b>[REDACTED]</b>	
I N T A K E	Health / Apparent Physical Condition of Defendant <b>[REDACTED]</b>		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By <b>[REDACTED]</b>	
N O T I C E	Transported By <b>[REDACTED]</b>		Date Transported <b>6/15/2021</b>	
	Time Transported <b>11:00</b>		Other <b>[REDACTED]</b>	
T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>	
	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 OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Court Date and Time <b>06/28/2021 08:30:00</b>	
A D M I N	Signature of Defendant (or Juvenile and Parent/Custodian) <b>[REDACTED]</b>		Date Signed <b>[REDACTED]</b>	
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>WILLIAMS, THEODORE R</b>	
A D M I N	Pouch # <b>[REDACTED]</b>		Transporting Officer <b>WILLIAMS</b>	
	LD. # <b>1188</b>		Agency <b>DELRA</b>	

0523971

3291

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE June DAY OF 15, 2021 AT 2139 HRS,

IN THE CITY OF Delray Beach, COUNTY OF PALM BEACH, STATE OF FLORIDA,

SUBJECT: Macie Collins CASE NUMBER: 21-007335

AGENCY: Delray Beach ARRESTING OFFICER: Williams 1188

## PERSONAL CONTACT

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

On 6/15/21, I responded to Old Germantown Rd and SW 22nd Ave to assist with a DUI investigation resulting from a two-vehicle crash. Upon my arrival, I made contact with officer Tabares who advised me that the Defendant Macie Collins was driving a white Toyota Prius (FL Tag KYAQ92) westbound. on Old German Town Rd and crashed into the rear of Gray Honda Accord. Both vehicles sustained heavy damage.

## OBSERVATION OF DRIVER:

Collins had glossy eyes that were watery. Collins slurred speech. Collins was crying at the scene of the accident and very apologetic.

## DRIVERS STATEMENTS:

In a sworn statement, Collins advised that she had recently ended a five-year dating relationship. Collins stated after work; she was still depressed from the end of the breakup, she decided to have a few drinks after work. Collins admitted that she had three glasses of wine and two shots of alcohol. Collins agreed to complete roadside tasks to dispel my theory that she was under the influence.

## ODORS:

Odor of an unknown ~~B~~alcoholic beverages

## GENERAL OBSERVATIONS

SPEECH: Slurred speech and Admission of drinking

ATTITUDE: apologetic and crying

CLOTHING: Black shirt and Blue Jeans

MEDICAL/OTHER: stated that she do not have any injuries

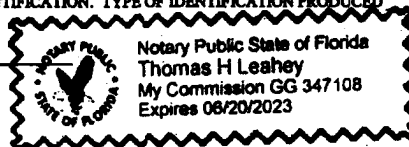
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature]  
(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 15th DAY OF June, 20 21 BY Williams 1188

WHO IS PERSONALLY KNOWN TO ME AND/OR PRODUCED IDENTIFICATION. TYPE OF IDENTIFICATION PRODUCED known

[Signature]  
NOTARY PUBLIC, CLERK OF COURT, OFFICER (FSS 117.10)



SCANNED  
JUN 17 2021

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS: OF 6

☒ 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:

During the exercise Collins eyes could not track the stimulus of my pen. I also had to instruct Collins several times to not move her head from side to side while tracking the top of my pen.

#### WALK & TURN: OF 8

During the exercise Collins could not stand balanced with one foot in front of the other. I also had to tell Collins several times to wait until I was done completing the instructions before starting. During the exercise Collins could not walk in/on the straight line. Collins also fail to make a complete turn at the end of step 9 as instructed.

#### ONE LEG STAND: OF 4

During this exercise Collins wasn't able to maintain her balance. Collins wasn't able to keep her foot elevated 6 inches off the ground. Collins kept placing her foot on the ground in attempt to balance herself from falling onto the ground. Collins continue to pick up her leg in a 90 degree angle as if she was marching instead of following instructions that were giving.

#### FINGER TO NOSE: OF 4

During this exercise Collins wasn't able to keep her head tilted back and missed her nose 3 times during the exercise.

#### ROMBERG ALPHABET: OF 4

Collins was able to say her alphabet, but Collins repeated the letter V two times.

BREATH TEST RESULTS: 1) 2) 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature]  
(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 15th DAY OF June, 2021 BY Williams 1188

WHO IS PERSONALLY KNOWN TO ME AND/OR PRODUCED IDENTIFICATION BY ME AND THE NOTARY PRODUCED

[Signature]  
NOTARY PUBLIC, CLERK OF COURT, OFFICER (FSS 117.10)  
Notary Public State of Florida  
Thomas H. Leebay  
My Commission GG 347108  
Expires 06/20/2023

SCANNED  
JUN 17 2021

**STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF  
REFUSAL TO SUBMIT TO BREATH, URINE, OR BLOOD TEST**

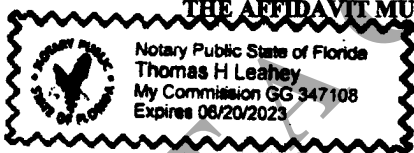
I, Williams 1188, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person Reading Implied Consent Warning)  
am a member of Delray Beach, and I do swear  
(Name of Enforcement Agency)  
or affirm that on or about the June day of 15, 20 15, at 2241 P.M. A.M.  
(Circle One)  
NAME: Macie Collins  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST  
DL # C452553945890, state of FL, was placed under lawful arrest for  
the offense of Driving under the Influence by Williams 1188 and  
(Name of Arresting Officer)  
issued Citation # \_\_\_\_\_

That on or about the 15th day of June, 20 21, at 2328 P.M. A.M.  
(Circle One)

In \_\_\_\_\_ County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said  
person to submit to a ☐breath, ☐urine, or ☐blood test to determine the content of alcohol in his or her blood or breath or the presence of  
chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or  
her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of  
such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits misdemeanor, if  
said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to  
submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will  
result in the disqualification of the driver's Commercial Driver's License/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 such test.  
Said person did at that time and place refuse to submit to such test or tests.

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 15th day of June, 20 21,  
by Williams 1188,

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

Notary Public T. Leahey

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.

SCANNED  
JUN 17 2021

SUBJECT: 11-11-11 Macie 117

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: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED  
JUN 17 2021

SUBJECT: C. Williams #1112 CASE NUMBER: \_\_\_\_\_

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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-

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.

am C. Williams #1112 of the DEPD

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]

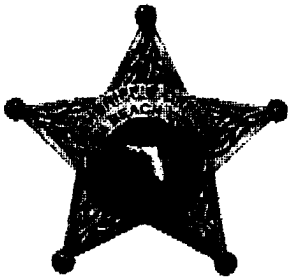
## CONSTITUTIONAL WARNINGS

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]

SCANNED  
JUN 17 2021



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

PBSO CASE # 21-076448 PBSO ZONE 4-22

AGENCY CASE # 21-007335 CRASH CASE # \_\_\_\_\_

TIME OF CRASH/STOP 2139 DATE 6/15/21 DAY Tuesday

SUBJECT'S NAME Macie Collins RACE W SEX F

HGT 5'5 WGT 150 DOB 03/09/1994

LOCATION Old Germantown Rd/ SW 22nd Ave

ARRESTING OFFICER NAME & ID Williams 1188 AGENCY Delray Beach

DIVISION Patrol

NOTIFIED BY COMM Yes

ARRIVAL AT FACILITY 1103

TIME OF ARREST 2241

BREATH RESULTS:

1. REFUSED  
2. REFUSED  
3. REFUSED  
4. REFUSED

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

SCANNED  
JUN 17 2021

# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Collins, Macie M

CASE NUMBER: 21-076448

DATE: Jun 15, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 2325

ENDING TIME: 2330

BREATH TESTS RESULTS: 1) R TIME 2328 A.M. ☐ P.M. ☒ 2) n/a TIME 0 A.M. ☐ P.M. ☐  
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, repetitive/crying

CLOTHING: blue jeans, black tank top, black boots

MEDICAL CONDITIONS: ADHD

MEDICATIONS: Vyvanse

## OTHER:

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

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2303 hrs  
subject refused to perform breath test  
A/O read I/C & subject understood I/C  
subject refused to perform breath test  
A/O read rights & subject understood rights  
A/O attempted Q&A  
subject declined to answer questions

GOVERNMENT  
JUN 17 2021





**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2021014646

**Date:** 6/16/21

**Specialist Name/ID:** A. Pinkney/7796