

J#0517549

#3789 20CT8711 SB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-20-088929				
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type	
2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>		2. No <input checked="" type="checkbox"/>		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) 23009 South State Road 7, Boca Raton, FL 33428					Location of Offense (Business Name, Address) 23009 South State Road 7, Boca Raton, FL 33428				
Date of Arrest 07/18/2020	Time of Arrest 23:57	Booking Date 07/19/2020	Booking Time	Jail Date	Jail Time	Location of Vehicle Interstate Towing, 680 NW 1st Ave., Boca Raton, FL 33432, (561) 496-4650			
Name (Last, First, Middle) Palma, Maria, Cristina					Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F	Date of Birth 9/3/1956	Height 4'10	Weight 155	Eye Color brown	Hair Color brown	Complexion medium	Build medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) left wrist, back, leg					Marital Status Single		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Local Address (Street, Apt. Number) 22872 Neptune Road, Boca Raton, FL 33428					Phone (954) 982 4342		Residence Type 1. City 2. County 3. Florida 4. Out of State 2		
Permanent Address (Street, Apt. Number)					Phone		Address Source verbal		
Business Address (Name, Street)					Phone		Occupation		
D/L Number, State P450543568230, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) California, Tulare		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 <input type="checkbox"/> 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)					School Attended			Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property				
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin
H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other					
Charge Description Driving Under the Influence (enhanced)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(4)		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-088929		Warrant / Capias Number	
Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond									
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996					JUL 19 AM 2:34 9 2020				
Court Date and Time Month September Day 14 Year 2020 Time 08:30 AM <input checked="" type="checkbox"/> PM					I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED				
Signature of Defendant (or Juvenile and Parent /Custodian) <i>Maria Cristina Palma</i>					Date Signed 07/18/2020				
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Printed by Arrestee) <i>Maria Cristina Palma</i>				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S POINTU P.		I.D. # 16032		PAGE	
Intake Deputy <i>Diana Lopez</i>		I.D. #		Pouch #		Transporting Officer D/S POINTU P.		ID # 16032	
Agency PBSO		Witness here if subject signed with an "X" 1 OF 1							



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

PBSO CASE # 20-088929 PBSO ZONE 7-62
 AGENCY CASE # _____ CRASH CASE # _____
 TIME OF STOP/CRASH 23:22 DATE 07/18/2020 DAY Saturday
 SUBJECT'S NAME Palma, Maria, Cristina RACE W SEX F
 HGT 4'10 WGT 155 DOB 9/3/1956

LOCATION 23009 South State Road 7, Boca Raton, FL 33428

ARRESTING OFFICER'S NAME & ID D/S POINTU P. (16032) AGENCY Palm Beach County Sheriff's Office

DIVISION: D7-RP

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 00:39

ARREST TIME 23:57

BREATH RESULTS:

•183
•187

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

NOT A CERTIFIED COPY

SCANNED
JUL 19 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF July 20 20, AT 23:22 AM PM

SUBJECT: Palma, Maria, Cristina CASE NUMBER: 20-088929

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

Was seen by two witnesses driving a Saturn bearing Florida tag IZDV13 bumping into a parked car in the parking lot in front of 23009 South State Road 7, in unincorporated Boca Raton, Palm Beach County, Florida. The driver then attempted to back up her car, but was not able to put the key back in the ignition and fell asleep. Upon my arrival, the driver was still sitting on the driver seat and was identified by her Florida driver's license.

OBSERVATION OF DRIVER:

Glassy and bloodshot eyes, droopy eyelids. Very drowsy and had difficulty reaching for her driver's license. Once exiting her vehicle had very unsteady gait and was stumbling.

DRIVER'S STATEMENTS:

Post Miranda she would say that she had some beers earlier and that she was buzzed. She explained that she was at a party and was on her way home from there.

ODORS:

Slight odor of unknown alcohol beverage, slight odor of marijuana.

GENERAL OBSERVATIONS

SPEECH: very slurred and slow.

ATTITUDE: cooperative, mood swing, unable to focus, forgetful, repetitive.

CLOTHING: black and green shirt, black pants, black sneakers

MEDICAL/OTHER: High blood pressure, diabetis.

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

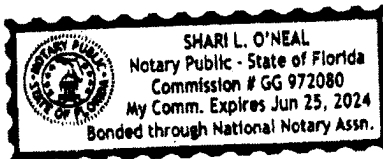
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of July 20 20 by D/S POINTU P.

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

Shari O'Neal (#6212)

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



SCANNED
JUL 19 2020

SUBJECT: Palma, Maria, Cristina

CASE NUMBER 20-088929

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

LOC, VGN. Swayed. Could not maintain the stance. No resting nystagmus.

WALK & TURN:

Unable to maintain the instructional stance. Did not follow instructions. Said that she could not do it. Post Taylor warnings she would attempt again but I stopped the task for safety as she was falling.

ONE LEG STAND:

Not performed for defendant's safety

FINGER TO NOSE:

Not performed for defendant's safety

ROMBERG ALPHABET:

Not performed for defendant's safety

BREATH TEST RESULTS: 0.183 0.187

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

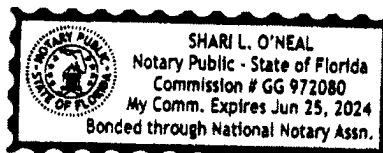
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of July 2020 by D/S POINTU P.

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

Shari O'Neal (#6212)

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



SCANNED
JUL 19 2020

TESTING FACILITY TASK REPORT

AGENCY: PBSO D/S POINTU #16032

SUBJECT: PALMA, MARIA C.

CASE NUMBER: 20-088929

DATE: 07-19-20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0102 HRS

ENDING TIME: 0118 HRS

BREATH TESTS RESULTS: 1) .183 TIME 0111 A.M. P.M. 2) .187 TIME 0114 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: A LITTLE AGITATED, COMPLAINING, COOPERATIVE, TALKATIVE, DRAMATIC AT TIMES, PROFANITY, MOODSWINGS

CLOTHING: SHIRT- GREEN & BLACK WORK SHIRT/DIRTY PANTS-BLACK/DIRTY

MEDICAL CONDITIONS: DIABETIC, ALLERGIC TO CODINE

MEDICATIONS: SEVERAL MEDICATIONS

OTHER:

EYES: VERY RED, GLASSY, DIALATED

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

DEXTERITY: UNSTEADY WALKING, NEEDED ASSISTANCE AT TIMES

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O POINTU #16032

A/O REQUESTED THE BREATH TEST ON CAMERA.

D WAS INDECISIVE ABOUT THE BREATH TEST AT FIRST, D REFUSED AT FIRST.

A/O READ THE IMPLIED CONSENT ON CAMERA, I/C WAS BROKEN DOWN TO THE D.
BREATH REQUESTED AGAIN.

D SUBMITTED TO THE BREATH REQUEST.

D BLEW CORRECTLY AND COMPLETED THE TEST.

C/W READ ON CAMERA.

EXPLAINED THE BREATH RESULTS TO THE D.

NO Q&A, D STATED SHE HAD A LAWYER.

SCANNED
JUL 19 2020

WANTED CONSULT FOR DUI IN A MOTOR VEHICLE

NOTE: THIS FORM IS APPLICABLE TO THE TYPE OFFENSE AND JURISDICTION

I am requesting that you submit a sample test of your BREATH for the purpose of determining the presence of alcohol or controlled substances.

OR

I am requesting that you submit a sample test of your URINE for the purpose of determining the presence of alcohol or controlled substances.

OR

I am requesting that you submit a sample test of your BLOOD for the purpose of determining the presence of alcohol or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH THE ABOVE

Law 24 of the 2450

If you fail to submit to the test, you have waived your right to operate a motor vehicle in this state for a period of one (1) year from the date of the offense (90) months if your suspension is for a period of one (1) year from the date of the offense. If you are a commercial driver, you will be suspended from driving a commercial motor vehicle for a period of one (1) year from the date of the offense. If you are a commercial driver and your breath test is blood, you will be suspended from driving a commercial motor vehicle for a period of one (1) year from the date of the offense. If you are a commercial driver and your urine test is blood, you will be suspended from driving a commercial motor vehicle for a period of one (1) year from the date of the offense.

Section 14 of the 2450

CONSTITUTIONAL WARNINGS

YOU HAVE THE RIGHT TO REMAIN SILENT. ANY STATEMENTS THAT YOU MAKE CAN BE USED AGAINST YOU IN COURT.

- 1. You have the right to stop answering any questions.
- 2. You have the right to stop answering any questions at any time.
- 3. You have the right to stop answering any questions at any time.
- 4. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford one.
- 5. If you cannot afford a lawyer, you will be appointed one before any questioning if you cannot afford one.
- 6. If you cannot afford a lawyer, you will be appointed one before any questioning if you cannot afford one.
- 7. If you cannot afford a lawyer, you will be appointed one before any questioning if you cannot afford one.
- 8. If you cannot afford a lawyer, you will be appointed one before any questioning if you cannot afford one.

SUBJECT 24 OF THE 2450

SUBJECT Bolton, Maria C.

CASE NUMBER 24-112-11

QUESTIONS AND ANSWERS

THE POLICE OFFICER ASKING YOU THESE QUESTIONS, WITH THESE RIGHTS IN MIND, YOU MAY ANSWER OR REFUSE TO ANSWER 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? _____

WHERE 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? _____ WHEN? _____ WHERE? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

(PLEASE BE SPECIFIC IN 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? _____ WHEN? _____

HOW LONG OF A DRINK ARE YOU ON? _____ WHEN DID YOU LAST DRINK? _____

DO YOU HAVE ANY OTHER SUBJECTS OF INTEREST? _____ WHAT? _____

DO YOU HAVE ANY OTHER SUBJECTS OF INTEREST? _____ WHAT'S WRONG? _____

DO YOU HAVE ANY OTHER SUBJECTS OF INTEREST? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

DO YOU HAVE ANY OTHER SUBJECTS OF INTEREST? _____

DO YOU HAVE ANY OTHER SUBJECTS OF INTEREST? _____ DID YOU TAKE ANY MEDICATION TODAY? _____

DO YOU HAVE ANY OTHER SUBJECTS OF INTEREST? _____ WHO? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____

DO YOU HAVE: _____

- EPILEPSY? _____
- GLAUCOMA? _____
- DIABETES? _____
- HEART DISEASE? _____
- ASTHMA? _____

DO YOU HAVE ANY OTHER SUBJECTS OF INTEREST? _____ DID YOU TAKE ANY MEDICATION THAT ARE NOT CORRECTED BY GLASSES? _____

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

HAVE YOU EVER HAD A CONVICTION IN ANY STATE? _____

DO YOU HAVE ANY OTHER SUBJECTS OF INTEREST? _____

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: 80-006478 Software: 8100.27
Date of Test: 07/19/2020

Date of Last Agency Inspection: 07/17/2020

Observation Period Began: 00:39

Subject's Name: MARIA CRISTINA PALMA

DOB: 09/03/1956 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		01:09
Air Blank	0.000	01:09
Control Test	0.080	01:10
Air Blank	0.000	01:10
Subject Sample #1	0.183	01:11
Air Blank	0.000	01:12
Air Blank	0.000	01:13
Subject Sample #2	0.187	01:14
Air Blank	0.000	01:15
Control Test	0.080	01:15
Air Blank	0.000	01:15
Diagnostics Check OK		01:16

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 SHARI L O'NEAL, 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: S. O'neal Date: 07-19-20
Signature

Sworn to (or affirmed) before me this 19 day of July, 2020

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida DIS Pointu #16032

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.

WITNESS LIST

CASE NUMBER: 20-088929

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

NAME: Rubin, Kari, Ann

ADDRESS: 9049 Tremezzo Lane, Boynton Beach, FL 33472

PHONE NUMBERS (HOME) (561) 523 1531 (WORK) 0

CAN TESTIFY TO: see sworn statement

NAME: Perez Robles, Sofia, Carolina

ADDRESS 10671 S 228th Ln, Boca Raton, FL 33428

PHONE NUMBERS (HOME) (786) 526 9222 (WORK) 0

CAN TESTIFY TO: see sworn statement

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
JUL 19 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), 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: 2020017267	Date: 7/19/2020
	Specialist Name/ID: Gammage/5660

SCANNED
 JUL 19 2020