

0443899 50-2020-CT-008657-ANB206

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 502600				Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number (N.T.A.'s only) 78-20-003253										
	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										
	Location of Arrest (Including Name of Business) N Military Trl/Garden Lakes Dr						Location of Offense (Business Name, Address) N Military Trl/Garden Lakes Dr														
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N Military Trl/Garden Lakes Dr														
	Name (Last, First, Middle) Nunez, Maritza, Lissette																				
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 08/03/1992	Height 5-07	Weight 198	Eye Color Bro	Hair Color Bro	Complexion Lgt	Build Medium	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) "Est. 92" Right Tricep			Marital Status SINGLE	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>						
Local Address (Street, Apt. Number) (City) (State) (Zip) 4450 SW Savona Blvd, Port Saint Lucie FL, 34953						Phone (561) 313-5949		Residence Type 1. City 2. County 3. Florida 4. Out of State 3													
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 4450 SW Savona Blvd, Port Saint Lucie FL, 34953						Phone ()		Address Source FL DL													
Business Address (Name, Street) (City) (State) (Zip) Helix Urgent Care						Phone (772) 463-1123		Occupation Director Assistant													
D/L Number, State NS20-552-92-783-0 FL		INS Number		Place of Birth (City, State) Kemmerer, Wyoming		Citizenship US		CO-DEF													
Co-Defendant Name (Last, First, Middle) N/A						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) N/A						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									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle) N/A		Residence Phone ()		JUVENILE															
Address (Street, Apt. Number) (City) (State) (Zip) N/A						Business Phone ()		Notified by: (Name) (Date) (Time) N/A													
Released To: (Name) (Relationship) N/A						Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		Grade									
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		Value of Property													
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		CODE															
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 DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)(a)		Violation of ORD #		CHARGE											
Drug Activity N		Drug Type N/A		Amount / Unit N/A		Offense #		Warrant / Capias Number		Bond CR											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		CHARGE											
Drug Activity N		Drug Type N/A		Amount / Unit N/A		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		CHARGE											
Drug Activity N		Drug Type N/A		Amount / Unit N/A		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		CHARGE											
Drug Activity N		Drug Type N/A		Amount / Unit N/A		Offense #		Warrant / Capias Number		Bond											
NOTICE TO APPEAR												Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700									
Court Date and Time Month August Day 19th Year 2020 Time 10:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		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 07/16/2020															
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) [Signature]															
Intake Deputy DS Collins 7622		I.D. #		Pouch #		Name of Arresting Officer (Print) Ofc. Trudeau		I.D. # #493		Agency PBGPD		PAGE 1 OF 1									
Witness here if subject signed with an "X"		DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)																			

JUL 16 AM 5:13

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16th DAY OF July 2020, AT 0208 AM PM
SUBJECT: Nunez, Maritza, Lissette CASE NUMBER: 20-003253

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Trudeau #493

PERSONAL CONTACT

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

On 07/16/2020 at approximately 0208 hours, Officer Michael Zuccarelli #518 was conducting traffic enforcement near the intersection of N Military Trl/ Hood Rd, when he observed a silver Ford sedan bearing FL tag (ZPTM27) traveling South on N Military Trl from Hood Rd. The sedan crossed over the inside yellow line three times, almost striking the center median. Officer Zuccarelli observed a Hispanic female sitting in the driver's seat with a cell phone in her hand. Officer Zuccarelli conducted a traffic stop near N Military Trl/ Garden Lakes Dr, and approached the vehicle. Upon approach he observed the female in the driver's seat which was later identified as Maritza Lissette Nunez (DOB: 08/03/1992). Maritza was the sole occupant of the vehicle. Officer Zuccarelli observed Maritza's eyes to be bloodshot/watery and he noticed the smell of an unknown alcoholic beverage emitting from her breath. Officer Zuccarelli then contacted me to respond to conduct a DUI investigation.

OBSERVATION OF DRIVER:

Upon arrival, I observed a female in the driver's seat, who was later identified as Maritza Nunez. I made contact with Martiza and asked her several questions about her current condition and where she was driving to. During the conversation, I noticed Maritza's speech to be low, slow, and deliberate. I observed her pupils to be dilated more than a normal persons, and the sclera of her eyes to be reddened. Maritza's face was flushed and as she exited the vehicle she had an ataxic gait. Maritza swayed as she stood still during questioning.

DRIVER'S STATEMENTS:

Maritza stated she left work around 1600 hours and drove to Johnny Mango's in Jupiter where she consumed 2 to 3 "Modelo" beers. She consumed them slowly and during the stop she stated she could still feel the effects of the alcohol. She advised she was driving to a friend's house near Okeechobee Blvd/N Military Trl.

ODORS:

Strong odor of an unknown alcoholic beverage emitting from her breath from a conversational distance.

GENERAL OBSERVATIONS

SPEECH: Slow, low, deliberate

ATTITUDE: Polite, cooperative

CLOTHING: Ruffled

MEDICAL/OTHER: Maritza stated she did not have any medical ailments that preclude her from operating a vehicle safely. She stated she had inner ear trouble for the past two weeks but it does not affect her balance, only causes itching occasionally.

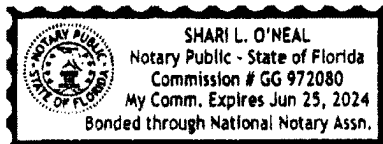
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of July 2020 by Ofc. Trudeau

(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)



SUBJECT: Nunez, Maritza, Lissette

CASE NUMBER 20-003253

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:

Needed to be reminded several times to keep her head still and follow the stimulus with her eyes only. I noticed Martiza's feet separate during the exercise. I also observed a 2-3 inch orbital sway during the exercise.

WALK & TURN:

During the instruction stage, Maritza was instructed to place her left foot on the line and her right foot in front of her left foot. Maritza had trouble during the exercise to keep both feet on the line. She stepped off the line during the instructions. During the exercise Maritza failed to count out loud and stepped off the line on steps 1,2,4, and 6. She missed heel to toe on steps 1, 4, 5, 6, and 9. She made an improper turn by turning to the right and lifting both feet off the ground. On the second set of steps she failed to count out loud and stepped off the line on steps. 1, 4, and 8. She missed heel to toe on steps 1, 4, 6, and 8. During the entirety of the exercise she used her arms for balance.

ONE LEG STAND:

During the instruction stage, I instructed Maritza to stand with both feet together several times before she complied. During the exercise she placed her foot down several times and used her arms for balance.

ROMBERG ALPHABET:

Not administered

FINGER TO NOSE:

Left - Pad of left index finger touched bridge of nose. Finger was held until told to remove.
Right - Pad of right finger touched right side of nose. Finger was held until told to remove.
Left - Pad of left index finger touched tip of nose.
Right - Pad of right index finger touched tip of nose
Right - Pad of right index finger touched tip of nose
Left - Pad of left index finger touched tip of nose

BREATH TEST RESULTS: 1) Refused 2) Refused 3) 4) N/A

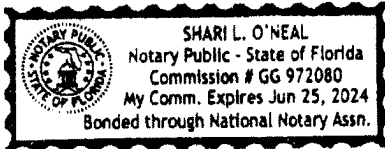
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of July 2020 by Ofc. Trudeau

(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)



SUBJECT: Nunez, Maritza CASE NUMBER: 20003253

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? 12 Friends house

WHAT STREET OR HIGHWAY WERE YOU ON? PGA towards Military

DIRECTION OF TRAVEL? S WHERE DID YOU START? Jonny Mangos

WHAT TIME DID YOU START? I dont know WHAT TIME IS IT NOW? No

WHAT IS TODAY'S DATE? July I dont know WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County, WPB

WHEN DID YOU LAST EAT? 10:00am Yesterday WHAT DID YOU EAT? Taquitos / Chips

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? With Friends

HOW MUCH DO YOU WEIGH? 190-200 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 3 at Mangos WHERE? Mangos WITH WHOM? Best Friend Luis

WHEN DID YOU HAVE YOUR FIRST DRINK? 5:00pm AND YOUR LAST DRINK? I dont know

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Slowly

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Urgent Care WHEN DID YOU LAST WORK? Yesterday 4:15pm

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? —

ARE YOU SICK OR INJURED? No WHAT'S WRONG? —

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? —

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? — WHY? —

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Was WHAT? Fever Meds WHEN? 2 weeks ago

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>Yes, Recently Past week or two, Itching only</u>
DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? —

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? —

INTERVIEWER: _____

SUBJECT: Vince, Maritza CASE NUMBER: 20003253

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 _____ of the _____.

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) Read on Camera

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

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

I, Ofc. Trudeau, 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 16th day of July, 20 20, at 02:47 P.M. A.M.

DRIVER Maritza Lissette Nunez
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

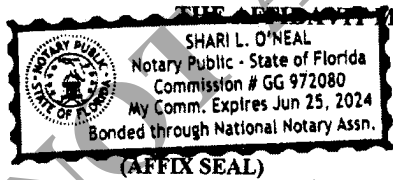
DL# N520-552-92-783-0, state of FL, was placed under lawful arrest for
the offense of DUI by Ofc. Trudeau and
issued Citation # A56HATE (Name of Arresting Officer)

That on or about the 16th day of July, 20 20, at 04:15 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a X 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.

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:

The foregoing instrument was sworn and subscribed before
me this 16th day of July, 20 20,

Signature of Attesting Officer
Title
Date 07/16/2020

by Ofc. Trudeau,
who is personally known to me or who has produced
Personally Known as identification

Notary Public [Signature]

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.

TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. TRUDEAU #493

SUBJECT: NUNEZ, MARITZA L.

CASE NUMBER: 20-088016

DATE: 07-16-2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0327 HRS

ENDING TIME: 0337 HRS

BREATH TESTS RESULTS: 1) R TIME 0329 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 TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, COOPERATIVE

CLOTHING: DRESS- RED

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY, SLEEPY

DEXTERITY: SLOW

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O TRUDEAU #493

A/O REQUESTED THE BREATH TEST ON CAMERA.

D REFUSED THE REQUEST.

A/O READ THE IMPLIED CONSENT ON CAMERA.

D UNDERSTOOD THE I/C AS READ. D STILL REFUSED AFTER THE I/C WAS READ.

C/W READ ON CAMERA.

D ANSWERED Q&A.



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

PBSO CASE # _____ PBSO ZONE 3-13

AGENCY CASE # 20-003253 CRASH CASE # _____

TIME OF STOP/CRASH 0208 DATE 07/16/2020 DAY Thursday

SUBJECT'S NAME Nunez Maritza Lissette RACE H SEX F
LAST FIRST MID
HGT 5-07 WGT 198 DOB 08/03/1992

LOCATION N Military Trl/Garden Lakes Dr

ARRESTING OFFICER'S NAME & ID Ofc. Trudeau #493 AGENCY PBGPD

DIVISION: ROAD

NOTIFIED BY COMMO 02:48AM

ARRIVAL AT FACILITY 03:05AM

ARREST TIME 02:47

BREATH RESULTS:

1) **Refused**

2) **Refused**

3) _____

4) **N/A**

TESTING OFFICER'S ID E212 PBSO VIDEOTAPE # _____



**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)(l)	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"/>	(vii) 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: 2020017053	Date: 7/16/2020
	Specialist Name/ID: B Evans / 23649