

J# 0517197

P# 2862 Check if Supplement is Attached
JULY 27 2020 SB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FL0 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 0 6 1 2 0 0 0 7 3 7 8 1 1 1
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type		Multiple Clearance Indicator	

Location of Arrest (including Name of Business) 350 S OLEAN BLVD BOCA RATON FL		Location of Offense (Business Name, Address) 600 E PALMETTO PK RD BOCA RATON FL		
Date of Arrest 0 6 2 7 2 0	Time of Arrest 2 2 4 5	Booking Date	Booking Time	Jail Date WESTWAY TOWLING

Name (Last, First, Middle) **HANNIGAN, MARY, LESSIE** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M F	Date of Birth 0 7 0 7 5 0	Height 5 6	Weight 135	Eye Color HAZEL	Hair Color BLK	Complexion LIGHT	Build SMALL
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Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **N/A**

Marital Status **MARRIED** Religion **CATHOLIC**

Local Address (Street, Apt. Number) 350 S OLEAN BLVD APT 2A BOCA RATON FL 33432	(City) BOCA RATON	(State) FL	(Zip) 33432	Phone ()	Residence Type: 1. City 2. County 3. Florida 4. Out of State
Permanent Address (Street, Apt. Number) 350 S OLEAN BLVD APT 2A BOCA RATON FL 33432	(City) BOCA RATON	(State) FL	(Zip) 33432	Phone ()	Address Source
Business Address (Name, Street) ()	(City) ()	(State) ()	(Zip) ()	Phone ()	Occupation

D/L Number, State H525-592-50-747-0	Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) PHILADELPHIA, PA	Citizenship US
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Co-Defendant (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 (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

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)	Residence Phone ()
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone ()

Notified by: (Name) OR	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 was provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.

Yes, by: (Name) No (Reason)

Property Crime? Yes No Description of Property Value of Property

Drug Activity S. Sell N. N/A P. Possess	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. Synthetic	U. Unknown Z. Other
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Charge Description DUI	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 3 1 6 1 1 9 3 1 1 1 C	Violation of ORD #
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Drug Activity N	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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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) **200 W ATLANTIC AVE DELRAY BEACH FL** JUN 28 AM 3:01

Court Date and Time
Month **JULY** Day **27** Year **2020** Time **0830 (AM)** P.M.

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 FULLY 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) **Mary S. Hannigan** Date Signed **7/27/20**

HOLD for other agency	Signature of Arresting Officer X [Signature]	Name Verification (Printed by Arrestee) (PRINT)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	SCANNED
Intake Deputy [Signature]	I.D. # 850	PAGE 1
Pouch #	Transporting Officer SOLIA 850	Agency BRPD
	I.D. #	Witness here if subject is not with you 4/11/20

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28th DAY OF JUNE 2020 AT 2245 AM PM
SUBJECT: MARY HANNIGAN CASE NUMBER: 2020-007378
AGENCY: BRPD ARRESTING OFFICER: SORIA

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
HANNIGAN DID NOT HAVE HER HEADLIGHTS ON, FAILED TO MAINTAIN LANE

OBSERVATION OF DRIVER:

SLURRED SPEECH
GLASSY EYES
SWAYING

DRIVER'S STATEMENTS:

STATED SHE HAD TWO GLASSES OF WINE
CONFUSED

ODORS:

ALCOHOLIC BEVERAGE

GENERAL OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: CONFUSED
CLOTHING: NORMAL

MEDICAL/OTHER:

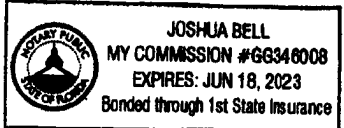
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of JUNE 2020 by Ofc. Soria

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

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



SCANNED
JUN 28 2020

SUBJECT: MARY HANNIGAN CASE NUMBER: 2020-007378

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: UNABLE TO FOLLOW INSTRUCTIONS

WALK & TURN:

COULD NOT BALANCE DURING INSTRUCTIONS
STARTED BEFORE BEING TOLD TO DO SO.
WRONG NUMBER OF STEPS
IMPROPER TURN

ONE LEG STAND:

USED ARMS TO BALANCE
PLACED FOOT DOWN
DID NOT CUNT PROPERLY

FINGER TO NOSE:

PLACED FINGER ON SIDE OF NOSE
OPENED EYES, STARED AT ME
DID NOT TILT HEAD BACK THE WHOLE TIME

ROMBERG/ALPHABET:

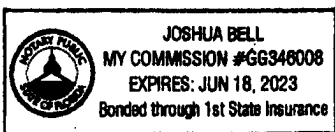
BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)
The foregoing instrument was notarized or sworn before me this 28 day of JUNE, 20 20 by ofc. Sorio

who is personally known to me and/or produced identification. Type of identification produced Known

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





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

PBSO CASE # 20-082393 PBSO ZONE 7-41

AGENCY CASE # 2020-007378 CRASH CASE # _____

TIME OF STOP/CRASH _____ DATE 06/27/2020 DAY SATURDAY

SUBJECT'S NAME MARY HANNIGAN RACE WHITE SEX FEMALE

HGT 5'6 WGT 135lbs DOB 07/07/50

LOCATION 350 S OCEAN BLVD BOCA RATON FL 33432

ARRESTING OFFICER'S NAME & ID SURIA 850 AGENCY BRPD

DIVISION: _____

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 2352

BREATH RESULTS:

Arrest Time 2245

- 1. .165
- 2. .164
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 24639

NOT A CERTIFIED COPY

SUBJECT: HANNIGAN, MARY L CASE NUMBER: 2020-007378

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) _____

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

SUBJECT: HANNIGAN, MARY L CASE NUMBER: 2020-007378

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? A1A

DIRECTION OF TRAVEL? South WHERE DID YOU START? VINOS - 2nd AVE ROUT

WHAT TIME DID YOU START? 10pm WHAT TIME IS IT NOW? I THINK ITS MIDNIGHT

WHAT IS TODAY'S DATE? SUNDAY 28th June WHAT DAY OF THE WEEK IS IT? SUNDAY NOW

WHAT COUNTY AND CITY ARE YOU IN NOW? PALM BEACH, WEST PALM BEACH, I DONT KNOW

WHEN DID YOU LAST EAT? 7:30 WHAT DID YOU EAT? FISH, SAUTEED BROCCOLI

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? PUT HUSBAND TO BED, WENT TO VINOS

HOW MUCH DO YOU WEIGH? 135 HAVE YOU BEEN DRINKING? YES WHAT? PROSECCO

HOW MUCH? 1 GLASS WHERE? VINOS WINE BAR WITH WHOM? MY SINGER FRIEND

WHEN DID YOU HAVE YOUR FIRST DRINK? 9 o'clock AND YOUR LAST DRINK? 9:30

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? It was 1 drink, Sipped it

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO I DONT THINK SO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? RETIRED WHEN DID YOU LAST WORK? 2009

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? YES WHAT? WAGE REPLACEMENT TWO YRS AGO

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? BAD LEFT ROTATOR CUFF

DO YOU LIMP? A LITTLE 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? YES WHAT? SYMBASTATIN - CHOLESTEROL WHEN? A.M.

DO YOU HAVE: EPILEPSY? NO

GLASS EYE? NO

FALSE TEETH? NO

EAR INFECTION? NO

INNER EAR TROUBLE? NO

DIABETES? NO

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? YES WHERE? NJ, PA, LA

INTERVIEWER: SORIA 850

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: 80-006476 Software: 8100.27
Date of Test: 06/28/2020

Date of Last Agency Inspection: 06/26/2020

Observation Period Began: 23:52

Subject's Name: MARY L HANNIGAN

DOB: 07/07/1950 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	00:19
Air Blank	0.000	00:20
Control Test	0.079	00:20
Air Blank	0.000	00:21
Subject Sample #1	0.165	00:22
Air Blank	0.000	00:22
Air Blank	0.000	00:24
Subject Sample #2	0.164	00:24
Air Blank	0.000	00:25
Control Test	0.078	00:26
Air Blank	0.000	00:26
Diagnostics Check	OK	00:26

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 PARIS D POUND, 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: 06/28/20

Sworn to (or affirmed) before me this 28th day of JUNE, 2020

Signature of Notary Public-State of Florida

OFK. K. SORZA
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: BRPD

SUBJECT: HANNIGAN, MARY L

CASE NUMBER: 20-082393

DATE: Jun 28, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:16

ENDING TIME: 00:38

BREATH TESTS RESULTS: 1) .165 TIME 00:22 A.M. P.M. 2) .164 TIME 00:24 A.M. P.M.

3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, CALM

CLOTHING: BLACK PANTS, WHITE SHIRT, BLACK SANDALS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: LOTOPIN

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:52 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

WITNESS LIST

CASE NUMBER: 2020-007378

ARRESTING OFFICER SORIA

ADDRESS 100 NW 2nd Ave Boca Raton

PHONE NUMBERS (HOME) 561-235-9281 (WORK) _____

CAN TESTIFY TO: DRIVING PATTERN, SFSTS

NAME: ROCHETTI

ADDRESS 100 NW 2nd Ave Boca Raton

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: SFSTS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



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: 2020015752	Date: 6/28/2020
	Specialist Name/ID: B Evans / 23649