

20CT6964ANB

J# 0516758

P# 3250

ARREST / NOTICE TO APPEAR

OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 20-001935		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE	
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 113 REINA WAY/SIERRA DR JUPITER FL 33458						Location of Offense (Business Name, Address) 113 REINA WAY/SIERRA DR, JUPITER, FL 33458					
Date of Arrest 05/31/2020		Time of Arrest 22:23		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) SCHOENFELDER, MATTHEW RYAN											
Alias: _____											
Race W - White B - Black		Sex M		Date of Birth 09/05/1997		Height 6'03		Weight 185		Eye Color BL	
Complexion FAIR		Build Medium		Marital Status S		Religion OTHER		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 3141 NE 13TH AVE, POMPANO BEACH, FL 33064						Phone (804) 586-8606					
Permanent Address (Street, Apt. Number) 3141 NE 13TH AVE, POMPANO BEACH, FL 33064						Address Source VERBAL					
Business Address (Name, Street) _____						Occupation Warehouse Workr					
D/L Number, State T61879078 / VA		Soc. Sec. Number _____		INS Number _____		Place of Birth (City, State) HOBE WELL, VA,		Citizenship US			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip)										Residence Phone _____	
Notified by (Name) _____ Date _____ Time _____ Released To (Name) _____ Relationship _____ Date _____ Time _____										JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 3. Incarcerated	
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.											
Property Come? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property _____								Value of Property _____	
Drug Activity		S. Sell		R. Souggie		K. Dispenses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
N. N/A		B. Buy		D. Deliver		E. Use		Drug Type		N. N/A	
P. Possess		T. Traffic		E. Use				B. Barbiturate		H. Hallucinogen	
								C. Cocaine		M. Marijuana	
								A. Amphetamine		O. Opium/Deriv.	
								E. Heroin		P. Paraphernalia/ Equipment	
										S. Synthetic	
										U. Unknown	
										Z. Other	
Charge Description DUI - DRIVING UNDER INFLUENCE								Statute Violation Number 316.193(1)(A)		Violation of ORD # _____	
Drug Activity		Drug Type N		Amount / Unit		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Warrant / Capias Number _____								Bond _____			
Charge Description								Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Warrant / Capias Number _____								Bond _____			
Charge Description								Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Warrant / Capias Number _____								Bond _____			
Health / Apparent Physical Condition of Defendant								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			
Explain: _____											
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By _____				Released By _____		Released To _____	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported _____				Time Transported _____		Other _____	
Transported By _____											
<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) North County PALM BEACH GARD		Court Date and Time 07/26/2020 08:30:00	
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>Matthew Schoenfelder</i>								Date Signed 5/31/20			
HOLD for Other Agency				Signature of Arresting Officer <i>Christopher Fandrey</i>				Name Verification (Printed by Arrestee) <i>Matthew Schoenfelder</i>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				Name of Arresting Officer (Print) FANDREY, CHRISTOPHER				ID # 1182			
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Transposing Officer <i>C Fandrey</i>				Agency Jupiter			
Initials Deputy <i>D Wang</i>				Pouch # _____				Witness here if subject signed with an "X".			

AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS

SCANNED JUN 01 2020

6:21

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31 DAY OF May 20 20, AT 2147 AM PM
SUBJECT: Schoenfelder Matthew R CASE NUMBER: 20-001935

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: C Fandrey

PERSONAL CONTACT

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

At approximately 2140hrs Northcom received a call in reference to a black jeep swerving all over the roadway. The caller advised Northcom that the vehicle was heading north bound from Frederick Small Rd on Military Trail. The caller further stated the jeep had no top and stated the first letter of the tag was possibly an "N". The caller described the male driver to have short curly red hair. Jupiter Police K9 Officer Hobby located the vehicle going north on N Military Trail and observed it turn into the Barcelona Apartments off of Sierra Drive. K9 Officer Hobby stated that he conducted a traffic stop on the vehicle for its failure to obey the stop sign located at Reina Way and Sierra Drive.

OBSERVATION OF DRIVER:

I made contact with the driver and sole occupant of the vehicle who was positively identified to be WM Matthew R. Schoenfelder (9/5/97) by his valid Class D Virginia DL. Schoenfelder was seated in the drivers seat and was slow and lethargic when responding to officers requests. Schoenfelder had pin point pupils which did not appear to be effected by lighting. His eyes also appeared watery and slightly red. Schoenfelder was slightly slurring his speech and was mumbling. Upon making contact with Schoenfelder, I noticed the strong odor of an unknown alcoholic beverage coming from his person which grew stronger the more I spoke with him.

DRIVER'S STATEMENTS:

Schoenfelder stated that he was coming from Pompano Beach to Barcelona Apartments. Schoenfelder initially denied drinking alcohol or taking any drugs. Upon speaking to him further, Schoenfelder admitted to drinking a couple of beers earlier in the day around 2 o'clock in the afternoon. Schoenfelder stated he consumed these beers and napped at the beach. On a scale from 1-10 with 1 being completely sober and 10 being the most drunk he has ever been in his life, Schoenfelder stated he was at a 2. Schoenfelder stated he felt comfortable driving and would even feel comfortable driving with kids in the vehicle. Schoenfelder denied feeling the effects of alcohol.

ODORS:

Strong odor of an unknown alcoholic beverage coming from his person.

GENERAL OBSERVATIONS

SPEECH: slightly slurred and mumbled.

ATTITUDE: initially cooperative but turned verbally abusive towards officers.

CLOTHING: blue button down, blue shorts, gray shoes.

MEDICAL/OTHER: None stated.

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of May 20 20 by C Fandrey

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

O'Neal #6212
(Signature of Notary Public)

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

SCANNED

JUN 01 2020

SUBJECT Schoenfelder

Matthew

CASE NUMBER 20-001935

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:

Vertical nystagmus and eyelid tremors.

WALK & TURN:

During the walk and turn instructions Schoenfelder interrupted during the instructions. Schoenfelder stated he did not have any medical issues with walking in a straight line or standing on one leg. Schoenfelder stated he understood the directions and did not have any questions. Schoenfelder also failed to maintain the starting position and moved his feet to maintain the starting position. During the first nine steps, Schoenfelder incorrectly started counting from "2" and. Schoenfelder missed heel to toe and stepped off line on 5. Schoenfelder also stopped walking in order to maintain his balance. Schoenfelder missed heel to toe on his 8th and 9th count. Schoenfelder did not turn as instructed as he ended with his "9th" step on his right foot. He did not maintain his front foot on the ground during the turn. On the returning 9 steps, Schoenfelder missed heel to toe on 4 and stepped off line. Schoenfelder stopped counting at 6 and began to count again.

ONE LEG STAND:

Schoenfelder stated he understood the instructions and did not have any questions. Schoenfelder started before being instructed. Schoenfelder raised his right foot and was swaying side to side while counting. Schoenfelder put his foot down at 19 seconds, 24 seconds and 28 seconds. Schoenfelder counted up to approximately 1016 during the 30 seconds.

FINGER TO NOSE:

Schoenfelder demonstrated knowledge of his left hand and right hand. Schoenfelder stated he understood the instructions and did not have any questions. On first left he touched the tip of his nose but did not return his hand down. He asked if he should bring his hand down and I asked him if he understood the instructions and was reminded to put his hand down. 1 right he used the pad of his finger and held his hand up. On 2 left correctly touched tip of nose. On 2 right he touched the right side of his nose. 3 right used his pad of his finger. 3 left used pad of finder.

ROMBERG ALPHABET:

Schoenfelder stated he understood the instructions and did not have any questions. During the instructions Schoenfelder became agitated with the tasks. Schoenfelder stated "A B C D E F G H I J K L M N O P Q R S T U V W X Y and paused before saying Z and then Now I know my ABCs." Schoenfelder was slightly swaying and had eyelid tremors.

BREATH TEST RESULTS: 1) 0.171 2) 0.168 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of May 2020 by C Fandrey

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

O'Neal #6212

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

SCANNED
JUN 01 2020

**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: 80-006240 Software: 8100.27
Date of Test: 05/31/2020

Date of Last Agency Inspection: 05/15/2020

Observation Period Began: 22:57

Subject's Name: MATTHEW R SCHOENFELDER

DOB: 09/05/1995 Sex: M

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	23:23
	Air Blank	0.000	23:23
	Control Test	0.081	23:23
	Air Blank	0.000	23:24
	Subject Sample #1	0.171	23:24
	Air Blank	0.000	23:25
	Air Blank	0.000	23:27
	Subject Sample #2	0.168	23:27
	Air Blank	0.000	23:28
	Control Test	0.080	23:28
	Air Blank	0.000	23:29
	Diagnostics Check	OK	23:29

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: 05/31/30

Sworn to (or affirmed) before me this 31st day of MAY, 2020

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida OFF. C. FANDREY

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.

SCANNED
JUN 01 2020

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: SCHOENFELDER, MATTHEW R

DATE: 05/31/2020

BEGINNING TIME: 23:19

CASE NUMBER: 20-073773

VIDEO DVD NUMBER: N/A

ENDING TIME: 23:31

BREATH TESTS RESULTS: 1) .171 TIME 23:24 A.M. P.M. 2) .168 TIME 23:27 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: MAD, UPSET, PROFANITY

CLOTHING: LIGHT BLUE SHORTS, BLUE SHIRT, BLUE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:57 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

SCANNED

JUN 01 2020



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

PBSO CASE # 20-073773 PBSO ZONE 3-15

AGENCY CASE # 20-001935 CRASH CASE # _____

TIME OF STOP/CRASH 2147 DATE 5/31/20 DAY Sunday

SUBJECT'S NAME Matthew R Schoenfelder RACE White SEX male

HGT 603 WGT 185 DOB 9/5/97

LOCATION Reina Way/Sierra Dr Jupiter FL 33458

ARRESTING OFFICER'S NAME & ID C Fandrey 340 AGENCY Jupiter PD

DIVISION: Road Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2257

BREATH RESULTS:

Arrest Time 2223

1. .171
2. .168
3. N/A
4. N/A

TESTING OFFICER'S ID 24639

NOT A CERTIFIED COPY

SCANNED
JUN 01 2020

SUBJECT: SCOTT, MATTHEW CASE NUMBER: _____

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.

SCANNED

JUN 01 2020

SUSPECT'S SIGNATURE: (X) SCOTT, MATTHEW

SUBJECT: SCHEIDT, MATTHEW 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: _____

SCANNED
JUN 01 2020



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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020013924	Date: 6/1/2020
	Specialist Name/ID: Gammage/5660

SCANNED

JUN 01 2020