

0460798

20CT1428

248

ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 514 20-000369	1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias 1	JUVENILE
DEF END ANT	Charge Type Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Multiple Clearance Indicator
	Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)				Enter Type NONE
N	DONALD ROSS RD/INTERSTATE 95			1399 UNIVERSITY BLVD/PARKSIDE DR, JUPITER, FL 33458		
	Date of Arrest 01/24/2020	Time of Arrest 01:48	Booking Date 01/24/2020	Booking Time 02:50	Jail Date	Jail Time
D	Name (Last, First, Middle) LUCAS, MELISSA					
	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)					
E	Race W - White B - Black O - Oriental/Asian	Sex W F	Date of Birth 06/25/1985	Height 5'02	Weight 115	Eye Color blue
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion OTHER	Hair Color BLACK
A	Local Address (Street, Apt. Number) 565 HOLLY DRIVE, PLAM BEACH GARDENS, FL 33410			(City)	(State)	(Zip)
	Permanent Address (Street, Apt. Number) 565 HOLLY DRIVE, PLAM BEACH GARDENS, FL 33410			(City)	(State)	(Zip)
N	Business Address (Name, Street) 565 HOLLY DRIVE, PLAM BEACH GARDENS, FL 33410			(City)	(State)	(Zip)
	DL Number, State L220540857250 / FL			Soc. Sec. Number	INS Number	Place of Birth (City, State) CHICAGO, IL
C	Co-Defendant Name (Last, First, Middle)					
	Co-Defendant Name (Last, First, Middle)					
O	<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"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
J	<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian					
	Address (Street, Apt. Number)					
U	Notified by (Name)					
	Released To (Name)					
N	Relationship					
	Date					
I	Time					
	JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 3. Incarcerated					
L	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.					
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No					
C	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	Description of Property					
O	Value of Property					
	Drug Activity: S Sell, R Snuff, K Dispose/Distribute, M Manufacture/Produce/Cultivate, Z Other N N/A, B Buy, D Deliver, E Use P Possess, T Traffic					
C	Drug Type: N N/A, A Amphetamine, B Barbiturate, C Cocaine, E Heroin, H Hallucinogen, M Marijuana, O Opium/Opium, P Paraphernalia/Equipment, S Synthetic, U Unknown, Z Other					
	Charge Description					
H	DUI - DRIVING UNDER INFLUENCE - refusal to submit					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence
C	Statute Violation Number 316.193(3) C1A					
	Violation of ORD #					
H	Bond					
	Statute Violation Number					
C	Violation of ORD #					
	Bond					
H	Statute Violation Number					
	Violation of ORD #					
C	Bond					
	Statute Violation Number					
H	Violation of ORD #					
	Bond					
I	Health / Apparent Physical Condition of Defendant					
	<input type="checkbox"/> Released OR <input type="checkbox"/> Ported Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health <input type="checkbox"/> TOT, County Jail					
N	<input type="checkbox"/> Released OR <input type="checkbox"/> Ported Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health <input type="checkbox"/> TOT, County Jail					
	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:					
T	PROPERTY - Received By					
	Released By					
O	Released To					
	Transported By: JAN 24 08:30 Date Transported: 02/26/2020 Time Transported: 08:30:00					
A	<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 02/26/2020 08:30:00					
P	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)					
E	Date Signed					
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Staidal <input type="checkbox"/> Restored Arrest <input type="checkbox"/> Other					
A	Signature of Arresting Officer FERGUSON, RYAN Name of Arresting Officer (Print) FERGUSON, RYAN ID # 1202					
	Name Verification (Printed by arrestee) FILED JAN 24 2020 CIRCUIT & COUNTY CLERK (CRIMINAL DIV.)					
D	Intake Deputy JANA 8101 ID # 385 Pouch #					
	Signature of Transporting Officer R. FERGUSON Name of Transporting Officer (Print) R. FERGUSON ID # 385					
M	Warrant / Capias Number 316.193(3) C1A					
	Violation of ORD #					
I	Bond					
	Statute Violation Number					
N	Violation of ORD #					
	Bond					
O	Statute Violation Number					
	Violation of ORD #					
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C	Bond					
	Statute Violation Number					

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-000369
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	Special Notes:

Name (Last, First, Middle) LUCAS, MELISSA	Alias	Race W	Sex F	Date of Birth 06/25/1985
Charge Description 316.1939(1) DUI - REFUSAL TO SUBMIT WITH A PRIOR REFUSAL	Charge Description			
Charge Description	Charge Description			

Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law

The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ was found to have committed the below acts, resulting from my (described) investigation.

admitting to the below facts.

On the **24** day of **January**, **2020** at **03:48** (Specifically include facts constituting cause for arrest.)


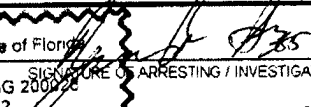
My Body Worn Camera was utilized for the following incident:

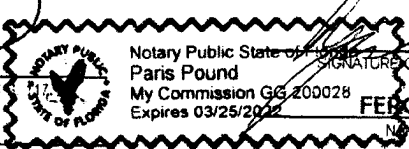
On January 24th 2020 at approximately 0124 hours, I was patrolling the area of University Blvd/Parkside Dr.

While patrolling I located a vehicle (A 2012 4dr red Hyundai bearing FL tag CDES90), driving westbound on University Blvd toward the intersection of Parkside Dr. There is a stop sign posted at the intersection of University Blvd/Parkside Dr. to which the vehicle did not make a complete stop and continued to turn southbound on Parkside Dr. towards Donald Ross Rd. I noticed the vehicle had a tag light out as well. I conducted a traffic stop on the vehicle to which the final stop was on the on-ramp of Donald Ross Rd/Interstate 95 to go northbound.

I made contact with Melissa Lucas (W/F - 06/25/1985) who was identified using her Florida Driver's License and she was the sole occupant of the vehicle in the driver seat. Lucas had glossy eyes and she had a moderate smell of an unknown alcoholic beverage coming from her person that grew when she spoke. Lucas was coherent, giggly and had a sarcastic tone. Lucas advised she had just dropped off her friend and admitted to not completely stopping for the stop sign because she wanted to hurry up and get to her residence. I asked Lucas if she had anything to drink to which she advised she consumed two wines approximately forty five minutes prior to the traffic stop. It should be noted there was a large white cup in the middle cup holder that contained a reddish liquid substance. Lucas admitted to the red substance to be wine.

I advised Lucas to step outside the vehicle to which she complied. Due to my observations of Lucas, I asked her if she would like to perform the Standardized Field Sobriety Task's to which she stated yes. I conducted the roadside tasks on Lucas.

SWORN AND SUBSCRIBED BEFORE ME	 Notary Public State of Florida Paris Pound My Commission GG 200026 Expires 03/25/2022	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  FERGUSON, RYAN (1202) NAME OF OFFICER (PLEASE PRINT)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.01) 01/24/20 DATE	01/24/2020 DATE	PAGE 1 OF 2

DBTS Number Agency ORI Number FL 0501700	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE	
Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-000369				
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes		
Name (Last, First, Middle) LUCAS, MELISSA		Alias	Race W	Sex F	Date of Birth 06/25/1985
SEE DUI PC					
<p>After the roadside tasks, I advised Lucas that she was being placed under arrest for DUI. Lucas was issued citations for DUI and running a stop sign. She was transported to the Palm Beach County Jail without further incident. BrAC Results: Refusal</p> <p>Based on my investigation and the totality of the circumstances, I found probable cause to arrest Melissa Lucas for driving under the influence because she did refuse to submit to a chemical or physical test of her breath as described in s. 316.1932, and whose driving privilege had been previously suspended for a prior refusal to submit to a lawful test of her breath and had been placed under lawful arrest by a law enforcement officer with probable cause to believe Melissa Lucas was driving or in actual physical control of a vehicle while under the influence of alcoholic beverages and Melissa Lucas was informed of all the consequences for refusing to submit contained within s. 316.1939, contrary to Florida Statute 316.1939 (1). (1 DEG MISD)</p>					
NOT A CERTIFIED COPY					
SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.) DATE 01/24/20					
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FERGUSON, RYAN (1202) NAME OF OFFICER (PLEASE PRINT)					DATE 01/24/2020
					PAGE 2 OF 2

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: LOCA, MICHAEL CASE NUMBER: 20-029780

DATE: 01/24/20 VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 02:12 ENDING TIME: 12:55

BREATH TESTS RESULTS: 1) R TIME 02:24 A.M./P.M. 2) n/a TIME --- A.M./P.M.
3) n/a TIME --- A.M./P.M. 4) n/a TIME --- A.M./P.M.

BREATH OPERATOR: P. POUND # 2460

MAINTENANCE TECHNICIAN: J. ANGLECKE # 167

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COMPLIANT

CLOTHING: ---

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES

COMMENTS: ARRIVED AT CENTER AT 12:40 PM THE 20

MINUTE. SUBJECT ADVISED THAT HE HAD

NO RECORDS TO ANSWER POLICE QUESTIONS.

HE REFUSED TO TAKE TEST.

HE WAS TOLD HE WOULD BE HELD

UNTIL HIS RIGHTS.

HE ADVISED HE UNDERSTOOD RIGHTS.

HE REFUSED TO SIGN.

HE REFUSED TO SIGN.

REFUSED

REFUSED

SCANNED

JAN 24 2020

SUBJECT: LOCA, MICHAEL 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) Michael 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) Michael on Camera **SCANNED**

SUBJECT: LOCA. MELISSA 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
JAN 24 2020



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

PBSO CASE # 20-029780 PBSO ZONE 3-13

AGENCY CASE # 20-000369 CRASH CASE # _____

TIME OF STOP/CRASH 0129 DATE 1-24-2020 DAY Friday

SUBJECT'S NAME Lucas, Melissa RACE W SEX F

HGT 5'2 WGT 155 DOB 06/25/1985

LOCATION Parkside Dr./University Blvd

ARRESTING OFFICER'S NAME & ID R Ferguson 385 AGENCY Jupiter

DIVISION: _____

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0229

BREATH RESULTS:

Arrest Time 0149

1. _____
2. **REFUSED**
3. _____
4. _____

TESTING OFFICER'S ID 24639

NOT A CERTIFIED COPY

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

I, R. Ferguson #385, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of The Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 24 day of January, 20 20, at 0149 P.M. A.M.

DRIVER Melissa Lucas
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L220-540-85-725-0, state of Florida, was placed under lawful arrest for

the offense of DUI by R. Ferguson #385 and
(Name of Arresting Officer)

issued Citation # ADB97EE

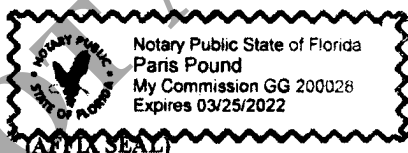
That on or about the 24 day of January, 20 20, at 0255 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a 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.

R. Ferguson #385
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:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before

me this 24 day of JANUARY, 20 20.

by _____,

who is personally known to me or who has produced

_____ as identification

Notary Public _____

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.



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: 2020002648	Date: 01/24/2020
	Specialist Name/ID: D. Carrington/#29115

SCANNED
 JAN 24 2020