

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1

JUVENILE

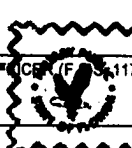
OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2021-007414	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 801 W PALMETTO PARK RD, 801 W PALMETTO PARK RD, BOCA			Location of Offense (Business Name, Address) 801 W PALMETTO PARK RD, BOCA RATON, FL 33486			
Date of Arrest 06/24/2021	Time of Arrest 00:42	Booking Date 06/24/2021	Booking Time 01:20	Jail Date 06/24/2021	Jail Time 01:20	Location of Vehicle WESTWAY TOWING
Name (Last, First, Middle) FINA, MICHAEL ROBERT			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
Race W - White B - Black O - Oriental/Asian W		Sex M	Date of Birth 01/18/1999	Height 6'01	Weight 180	Eye Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Hair Color BROWN		Complexion LIGHT
Local Address (Street, Apt. Number) 6865 BROOK HOLLOW RD, LAKE WORTH, FL 33467		(City) LAKE WORTH		(State) FL		Build Large
Permanent Address (Street, Apt. Number) 6865 BROOK HOLLOW RD, LAKE WORTH, FL 33467		(City) LAKE WORTH		(State) FL		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
Business Address (Name, Street) 6865 BROOK HOLLOW RD, LAKE WORTH, FL 33467		(City) LAKE WORTH		(State) FL		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
D/L Number, State FS00556990180 / FL		Sec. Sec. Number [REDACTED]		INS Number [REDACTED]		Address Source VERBAL
Place of Birth (City, State) NEW YORK, NY, United		Citizenship US		Occupation Student		
Co-Defendant Name (Last, First, Middle) [REDACTED]		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) [REDACTED]		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 Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		Residence Phone [REDACTED]
Notified by: (Name) [REDACTED]		Date		Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name) [REDACTED]		Relationship [REDACTED]		Date	Time	
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:				School Attended [REDACTED]		Grade [REDACTED]
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Seizure 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	
Charge Description DRIVE UNDER INFLUENCE ALC				Statute Violation Number 316.193(1A)		Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit /	Offense # 2021-007414	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 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 checked="" type="checkbox"/> N	Warrant / Capias Number Bond
Health / Apparent Physical Condition of Defendant FAIR				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 checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By J. CASAS ID818		Released By J. CASAS ID818
Transported By J. CASAS ID818				Date Transported	Time Transported	Other TOT CJ
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444		No Photo Available 2021 JUN 24 PM 9:00 JUVENILE COURT CLERK'S OFFICE 1
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.				Court Date and Time 07/26/2021 08:30:00		
Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]				Date Signed 6/24/21		
HOLD for Other Agency				Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) Michael Fina
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) CASAS, J.		ID. # 818
Intake Deputy SPAWN #810				Transporting Officer J. CASAS		ID. # 818 Agency BRPD
Witness here if subject signed with an "X"						

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-007414	
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	
Name (Last, First, Middle) FINA, MICHAEL ROBERT						Race W Sex M Date of Birth 01/18/1999
Charge Description 316.193(1A) DUI			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... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 24 day of June , 2021 at 00:42 (Specifically include facts constituting cause for arrest.)						
On 6/17/2020, at approximately 0020 hours, I was conducting stationary traffic enforcement in the area of 600 W Palmetto Park Rd; I was observing approaching westbound traffic. While conducting my enforcement, I observed a white 2016 Ford Fusion traveling at a high rate of speed. I estimated the speed of vehicle to be 50 MPH in a 35 MPH zone. My Dragon Eye laser device (serial #13855) provided a reading of 52MPH. I pulled into the roadway, activated my emergency lights and sirens, and positioned my unmarked BRPD vehicle behind the speeding vehicle to initiate a traffic stop. While pulling into the roadway, I observed the vehicle drive over the white fog line on the outside of the roadway and clip the grass shoulder before returning to its lane. The vehicle came to a stop in the area of 801 W Palmetto Park Rd. I approached the vehicle from the driver's side and immediately observed that the driver's eyes were red and glassy, his speech was slurred, and he had a strong odor of an unknown alcoholic beverage emanating from his breath when he spoke. The driver produced a FL DL and was identified as Michael Fina. While speaking with the driver I observed that he had a partially consumed bottle of Hennessy Cognac and an open can of Busch Light beer stored in the passenger side door. I asked that driver how much alcohol he consumed this evening and he claimed he had not consumed any. When I questioned him about the bottle of Hennessy and the beer can he claimed they were old. Based on my observations, I suspected that Fina may have been operating a vehicle within the state while impaired by alcohol and/or chemical or controlled substances. I explained to Fina that I was observing signs of impairment and asked him to step out of the vehicle for further investigation and the admission of Standardized Field Sobriety Exercises. Fina stated "I'm not going to do any exercises" and refused to exit the						
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div>  <p>NOTARY PUBLIC / CLERK OF COURT / OFFICE (F.S. 117.01) 06/24/2021 DATE</p> </div> <div> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT) 06/24/2021 DATE</p> </div> </div>						

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COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O.

**PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT**

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

1

JUVENILE

OBTS Number

Agency ORI Number

FL 0500200

Agency Name

BOCA RATON POLICE DEPARTMENT

Agency Report Number

3 | 2 | 2021-007414

Charge Type:
Check as many
as apply.

☐ 1. Felony

☐ 3. Misdemeanor

☐ 5. Ordinance

☐ 2. Traffic Felony

☒ 4. Traffic Misdemeanor

☐ 6. Other

Special Notes:

Name (Last, First, Middle)

FINA, MICHAEL ROBERT

Alias

Race

Sex

Date of Birth

W

M

01/18/1999

vehicle. I informed Fina of his Taylor Warnings at this time. Fina ultimately exited the vehicle, however, he continued to refuse to participate in the exercises.

Based on the totality of the circumstances, I found probable cause to believe that Fina was operating a vehicle within the state while impaired by alcohol and or chemical or controlled substances. Fina was placed her under arrest for DUI per F.S.S 316.193(1a).

Fina was transported to Palm Beach County Sheriff's Office DUI Testing Facility where PBSO Breath Operator Leahey (#19183) conducted the BAT room procedures. Fina was asked to provide a breath sample for the purpose of determining its alcohol content. Fina refused to provide a breath sample. I informed Fina of implied consent and he continued to refuse to submit to a breath test. Fina was then informed of his constitutional warnings (Miranda) and refused to answer any questions without an attorney present. See DUI influence report for further.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT

06/24/2021

DATE

Notary Public State of Florida
Renee Ragin
My Commission GG 988418
Expires 03/05/2024

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CASAS, JAVIER (818)

NAME OF OFFICER (PLEASE PRINT)

06/24/2021

DATE

PAGE

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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SUBJECT: Fina, Michael R. CASE NUMBER: 21-7414

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

SUBJECT: Fina, Michael R. CASE NUMBER: 21-7414

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: _____



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

PBSO CASE # 21-079032 PBSO ZONE 7-41

AGENCY CASE # 32-2021-007414 CRASH CASE # _____

TIME OF STOP/CRASH 0035 DATE 06/24/2021 DAY _____

SUBJECT'S NAME FINA MICHAEL R RACE W SEX M
LAST FIRST MID

HGT 6'2" WGT 200 DOB 01/18/1999

LOCATION 801 W PALMETTO PARK RD, BOCA RATON, FL, 33486

ARRESTING OFFICER'S NAME & ID J. CASAS 818 AGENCY BRPD

DIVISION: SPSV - DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0120

ARREST TIME 0042

BREATH RESULTS:

1)	
2)	
3)	
4)	

REFUSED

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: Fina, Michael R.

DATE: Jun 24, 2021

BEGINNING TIME: 01:45

CASE NUMBER: 21-079032

VIDEO DVD NUMBER: N/A

ENDING TIME: 01:48

BREATH TESTS RESULTS: 1) Refusal TIME 01:47 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: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Agitated, uncooperative, rude

CLOTHING: Blue pants, black LS shirt, brown shoes

MEDICAL CONDITIONS: Heart murmur

MEDICATIONS: None

OTHER:

Eyes are red
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:20 hrs.

Subject refusing to answer if he would take test and invoked the right to counsel.

A/O read I/C and subject invoked the right to counsel.

A/O called refusal.

A/O read rights.
Subject acknowledged he understood rights.

A/O attempted Q&A
Subject invoked the right to counsel.

REFUSED

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

I, OFC. JAVIER CASAS

(Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

am a member of BOCA RATON POLICE SERVICES DEPARTMENT

(Name of law enforcement agency)

, and I do swear

or affirm that on or about the 24TH day of JUNE, 20 21, at 0042 ☐ P.M. ☐ A.M.

DRIVER MICHAEL
(Type or Print) FIRST NAME

R

MIDDLE OR MAIDEN NAME

FINA

LAST NAME

DL# F500556990180

, state of FLORIDA

, was placed under lawful arrest for

the offense of DUI

by OFC. JAVIER CASAS

and


issued Citation # A6LQDSE

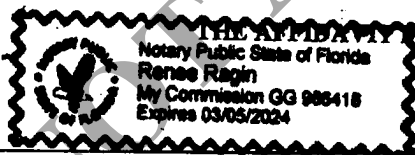
(Name of Arresting Officer)

That on or about the 24TH day of JUNE, 20 21, at 0147 ☐ 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.


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:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 24 day of June, 20 21,

by OFC. J. Casas,

who is personally known to me or who has produced

known as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

Signature of Attesting Officer

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

REVIEW COMPLETED BY

Booking Number: 2021015353

Date: 6/24/2021

Specialist Name/ID: J. Beck/9007