

OSIS 720

50-2021-CT-000034-ASB

3743

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMI NIST RAT ION	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 21-000120		Multiple Clearance Indicator 1					
DEF END ANT	Charge Type: Check as many as apply		Location of Arrest (Including Name of Business) 100-BLK E ATLANTIC AVE DELRAY BEACH FL		Location of Offense (Business Name, Address) 100 E ATLANTIC AVE BLK, DELRAY BEACH, FL 33444		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator 1					
	<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		Date of Arrest 01/03/2021		Time of Arrest 20:31		Booking Date 01/03/2021		Booking Time 20:41					
J U V E N I L E	Name (Last, First, Middle) BLACKBURN, MICHAEL THOMAS		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White I - American Indian B - Black O - Oriental/Asian W M		Sex M		Date of Birth 02/11/1996		Height 5'10			
	Weight 170		Eye Color BROWN		Hair Color BLACK		Complexion FAIR		Build MEDIUM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
	Local Address (Street, Apt. Number) 212 OLEANDER, PALM BEACH, FL 33480		City PALM BEACH		State FL		Zip 33480		Phone (804) 727-9453		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2			
	Permanent Address (Street, Apt. Number) 212 OLEANDER, PALM BEACH, FL 33480		City PALM BEACH		State FL		Zip 33480		Phone (804) 727-9453		Address Source VERBAL			
C O D E F	Business Address (Name, Street) Law Street		City Delray Beach		State FL		Zip 33480		Phone (804) 727-9453		Occupation Law Street			
	DL Number, State B421558960510 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MIDLOW, VA, United		Citizenship US		Co-Defendant Name (Last, First, Middle)			
J U V E N I L E	Co-Defendant Name (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"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
	Name (Last, First, Middle)		Residence Phone		Address (Street, Apt. Number)		City		State		Zip		Business Phone	
C H A R G E	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated		Released To: (Name)		Relationship		Date	
	Time		Date		Time		Description of Property		Value of Property		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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.	
C H A R G E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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		Statute Violation Number 316.193(3)(C)(1)		Violation of ORD #		Charge Description DUI-DAMAGE TO PERSON/PROPERTY	
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	Bond		Statute Violation Number		Violation of ORD #		Charge Description		Drug Activity		Drug Type		Amount / Unit	
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
	Bond		Statute Violation Number		Violation of ORD #		Charge Description		Drug Activity		Drug Type		Amount / Unit	
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		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		Released By		Released To	
	Transported By		Date Transported		Time Transported		Other		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		Court Date and Time 01/28/2021 08:30:00	
N O T I C E	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		No Photo Available		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		PAGE 1 OF 1	
	Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) BONET, LUIS C		I.D. # 1148		Witness here if subject signed with an "X".	
A D M I N I S T R A T I O N	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) BONET, LUIS C		I.D. # 1148		Agency DELRA		PAGE 1 OF 1	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Deputy Dunay		ID #		Pouch #		Name of Arresting Officer (Print) BONET, LUIS C		I.D. # 1148		Agency DELRA	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3rd DAY OF January 20 21, AT 2002 AM PM

SUBJECT: Michael Blackburn CASE NUMBER: 21-000120

AGENCY: Delray Beach PD ARRESTING OFFICER: Ofc. Luis Bonet 1148

PERSONAL CONTACT

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

On January 3rd, 2021, I responded to the 100-BLK of E Atlantic Ave in reference to a traffic accident that occurred. I made contact with the witness, Perri Gitto, who stated that he saw the silver Honda Civic (FL Tag NMQV63) strike a parked white Ford Expedition. Gitto observed the driver, Michael Blackburn, who was still in the driver's seat. Gitto then had to take Blackburn out of the car and get the keys out of the ignition because Gitto believed that Blackburn was intoxicated and fumbling around.

OBSERVATION OF DRIVER:

Blackburn appeared impaired, was unsteady on his feet, was walking with a wide stance to help maintain his balance, had bloodshot and glassy eyes, had slurred and mumbled speech, and was sporadic in his statements and not making much sense.

DRIVER'S STATEMENTS:

Post-Miranda, Blackburn stated that he was coming from sandbar/The office after having two alcoholic drinks. Blackburn stated that he had rum and coke and it was in a normal sized container.

ODORS:

The odor of an unknown alcoholic beverage was emanating from Blackburn's person.

GENERAL OBSERVATIONS

SPEECH: Slurred and Mumbled Speech

ATTITUDE: Polite and Cooperative

CLOTHING: Blue Shirt, Blue shorts, black shoes

MEDICAL/OTHER: N/A

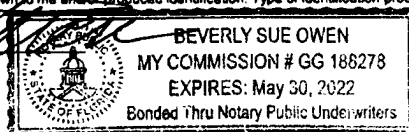
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of January 20 21 by Ofc. Luis Bonet

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

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



SUBJECT: Michael Blackburn CASE NUMBER 21-000120

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:

Blackburn was swaying during the exercise and moved his head numerous times during the exercise even though instructed not to.

WALK & TURN:

Blackburn took 10 steps the first time and used his arms during the exercise. Blackburn also did not turn as instructed and missed steps all of his steps beside 5 and 6 on the first time and 7,8,9 on the second times.

ONE LEG STAND:

Blackburn used his arms to balance himself and put his foot down one time. Blackburn was also swaying during the entire task.

FINGER TO NOSE:

Blackburn missed the tip of his nose 4 times out of the 6. Blackburn jerked his left hand up when instructed right hand.

ROMBERG ALPHABET:

Blackburn opened up his eyes during the task, swayed, and counted from 20-46.

BREATH TEST RESULTS: 1) .182 2) .181 3) 4)

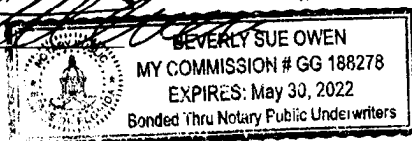
STATE OF FLORIDA COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3rd day of January 2021 by Ofc. Luis Bonet 1148

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

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





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

PBSO CASE # 21021923 PBSO ZONE 4-11

AGENCY CASE # 20-000120 CRASH CASE # 20-000120

TIME OF STOP/CRASH 20:02 DATE 1/13/21 DAY Sunday

SUBJECT'S NAME Michael Blackburn RACE W SEX M

HGT 5'10" WGT 170 lbs DOB 2/11/96

LOCATION 100-Blk E Atlantic Ave Delray Beach FL 33444

ARRESTING OFFICER'S NAME & ID Luis Bonet 1148 AGENCY Delray Beach

DIVISION: Road Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 8:57 pm

Arrest Time 20:31

BREATH RESULTS:

- 1. .182
- 2. .181
- 3. _____
- 4. _____

TESTING OFFICER'S ID 3184

NOT A CERTIFIED

✓
✓
VCS

TESTING FACILITY TASK REPORT

AGENCY: DELRAY BEACH P.D.

SUBJECT: BLACKBURN, MICHAEL THOMAS

CASE NUMBER: 21021923

DATE: 01/03/2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2119

ENDING TIME: 2136

BREATH TESTS RESULTS: 1) .182 TIME 2125 A.M. P.M. 2) .181 TIME 2128 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: QUIET, UN-CO-OPERATIVE

CLOTHING: TENNIS SHOES, BLUE SHORTS, BLUE T-SHIRT

MEDICAL CONDITIONS: ACNE

MEDICATIONS: ACCUTANE

OTHER:

DEFENDANT IN ACCIDENT.

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 2057 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT AGREED. NO PROBLEM WITH TEST, TECH EXPLAINED RESULTS. C/W READ BY A/O, DEFENDANT UNDERSTOOD RIGHTS AND ANSWERED Q & A. WAS OUT WITH FRIENDS HAD 5 VODKAS AND -COULD FEEL EFFECTS OF ALCOHOL. HAD HIP SURGERY LAST YEAR.

**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: 01/03/2021

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 20:57
Subject's Name: MICHAEL T BLACKBURN

DOB: 02/11/1996 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		21:23
Air Blank	0.000	21:23
Control Test	0.078	21:23
Air Blank	0.000	21:24
Subject Sample #1	0.182	21:25
Air Blank	0.000	21:26
Air Blank	0.000	21:27
Subject Sample #2	0.181	21:28
Air Blank	0.000	21:29
Control Test	0.078	21:29
Air Blank	0.000	21:30
Diagnostics Check OK		21:30

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 SUE OWEN, 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: 01/03/2021
Signature

Sworn to (or affirmed) before me this 3RD day of January 2021

[Signature] Signature of Notary Public-State of Florida
ofc L. Bonet 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.

WITNESS LIST

CASE NUMBER: 21-000120

ARRESTING OFFICER: Ofc. Luis Bonet 1148

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 5612437800

CAN TESTIFY TO: DUI Investigation

NAME: CSO Kozak

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 5612437800

CAN TESTIFY TO: Crash Investigation

NAME: Perri Gitto

ADDRESS 5 Sherwood Rd Levittown NY

PHONE NUMBERS (HOME) _____ (WORK) 631-377-9024

CAN TESTIFY TO: Wheel Witness

NAME: _____

ADDRESS _____

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: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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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: _____

NOT A CERTIFIED COPY

SUBJECT: _____ 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? Y

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? W WHERE DID YOU START? 100

WHAT TIME DID YOU START? 7:30 WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? 1/1 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? Y WHAT? BEER

HOW MUCH? 3 WHERE? AT HOME WITH WHOM? ALONE

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? Y

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? Y

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? Y WHERE? IA

INTERVIEWER: _____

SUBJECT: _____ 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.

SUSPECT'S SIGNATURE: (X) _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



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"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021000208	Date: 1/4/2021
	Specialist Name/ID: M. Tooks #8557