

**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 <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78- 21000420</b>		
ADMINISTRATIVE	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		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator		
	Location of Arrest (Including Name of Business) <b>11910 KEW GARDENS AV, PBG, FL</b>			Location of Offense (Business Name, Address) <b>11910 Kew Gardens Av, PBG, FL</b>			
Date of Arrest <b>01/29/2021</b>	Time of Arrest <b>00:11</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>	
Name (Last, First, Middle) <b>FLATTERY, MICHAEL, THOMAS</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>06/30/1981</b>	Height <b>6'2</b>	Weight <b>215</b>	Eye Color <b>BLU</b>	Hair Color <b>BRO</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TAT RIGHT ARM</b>			Marital Status <b>SINGLE</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>11820 VALENCIA GARDENS AV, PALM BEACH GARDENS, FL 33410</b>			Phone <b>(561) 310-0633</b>		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>		
Permanent Address (Street, Apt. Number) <b>11820 VALENCIA GARDENS AV, PALM BEACH GARDENS, FL 33410</b>			Phone <b>( ) ( ) ( )</b>		Address Source <b>VERBAL</b>		
Business Address (Name, Street) <b>( ) ( ) ( )</b>			Phone <b>( ) ( ) ( )</b>		Occupation		
D/L Number, State <b>F436558812300 FL</b>		Soc. Sec. Number <b>( ) ( ) ( ) ( ) ( ) ( )</b>		INS Number		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
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	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone <b>( ) ( ) ( )</b>		Business Phone <b>( ) ( ) ( )</b>	
Address (Street, Apt. Number) <b>( ) ( ) ( )</b>			(City)	(State)	(Zip)		
Notified by: (Name) <b>L. OR</b>		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. <input type="checkbox"/> 2. TOT HRS / DYS <input type="checkbox"/> 3. Incarcerated <input type="checkbox"/>	
Released To: (Name) <b>L. OR</b>			Relationship		Date	Time	
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property		
Drug Activity N. N/A P. Possess		S. Sell 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. Synthetics	
U. Unknown Z. Other							
CHARGE	Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(A)</b>		
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		
	Bond						
	Violation of ORD #						
CHARGE	Charge Description <b>Refuse to sign citation</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>318.14(3)</b>		
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		
	Bond						
	Violation of ORD #						
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		
	Bond						
	Violation of ORD #						
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		
	Bond						
	Violation of ORD #						
NOTICE TO APPEAR	Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>						
	Court Date and Time Month <b>MARCH</b> Day <b>3</b> Year <b>2021</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>						
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. <b>Refused</b>							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed <b>01/29/2021</b>			
HOLD for other Agency Name:		Signature of Arresting Officer <b>Andrew Flink</b>		Name Verification (Printed by Arrestee) <b>( ) ( ) ( )</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Ofc. ANDREW FLINK</b>		I.D. # <b>514</b>			
Intake Deputy <b>Denny GFD</b>		Transporting Officer <b>ANDREW FLINK</b>		ID # <b>514</b>			
I.D. #		Pouch #		Agency <b>PBGPD</b>			
Witness here if subject signed with an X							

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PAGE 1 of 1  
FILED  
JUN 29 AM 8:00  
P# 3342

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29TH DAY OF JANUARY 2021, AT 0003  AM  PM

SUBJECT: FLATTERY, MICHAEL, THOMAS CASE NUMBER: 21000420

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

## PERSONAL CONTACT

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

Officers were dispatched to the club house of San Matera, 11910 Kew Gardens Av, PBG, FL, in regard to a possibly under the influence. This Officer was present when Ofc Paquette 526 made contact with the individual in the driver seat of the vehicle, a GMC Denali utility vehicle (91GTH/FL). The driver was identified via Florida Driver License photo, Michael Flattery. It should be noted, at the time of the stop, the vehicle was not on and running, however, the key fob to the vehicle was directly next to Flattery well within his direct physical control.

## OBSERVATION OF DRIVER:

Flattery had bloodshot watery eyes, low heavy eyelids, flushed red face, sweating although the temperature was 61 degrees Fahrenheit, slow slurred speech, appeared dazed and disoriented, and had the strong obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. The odor increased as Flattery spoke with Officers. Upon exiting the vehicle, Flattery was very uneasy on his feet and walked with an unsteady gait.

## DRIVER'S STATEMENTS:

Flattery admitted to Ofc Paquette that he had consumed alcohol on this night. Flattery became argumentative with this Officer. This Officer advised Flattery of his Taylor Warnings, to which Flattery continued to argue with this Officer until he was placed under arrest.

## ODORS:

Unknown alcoholic beverage

## GENERAL OBSERVATIONS

**SPEECH:** Slow slurred

**ATTITUDE:** Argumentative

**CLOTHING:** Blue long sleeve shirt, blue jeans, brown flip-flops

**MEDICAL/OTHER:** None stated

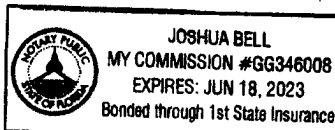
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of January 2021 by Ofc. ANDREW FLINK

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

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



SUBJECT: FLATTERY, MICHAEL, THOMAS CASE NUMBER 21000420

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |  |  |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

Not conducted post Taylor Warnings

**WALK & TURN:**

Not conducted post Taylor Warnings

**ONE LEG STAND:**

Not conducted post Taylor Warnings

**ROMBERG ALPHABET:**

Not conducted post Taylor Warnings

**FINGER TO NOSE:**

Not conducted post Taylor Warnings

**BREATH TEST RESULTS:**

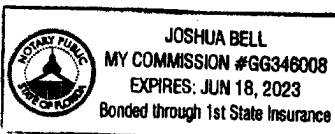
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of January 2021 by Ofc. ANDREW FLINK

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

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



SUBJECT: Flatt, [unclear] 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) \_\_\_\_\_

SUBJECT: Elmer H. ... 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? Yes

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? Volusia ...

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: SIC. A. FINK # 514

# TESTING FACILITY TASK REPORT

AGENCY: PBG  
SUBJECT: FLATTERY, MICHAEL THOMAS  
CASE NUMBER: 21-030134  
DATE: Jan 29, 2021  
VIDEO DVD NUMBER: N/A  
BEGINNING TIME: 0107  
ENDING TIME: 0112

BREATH TESTS RESULTS: 1) R TIME 0108 A.M.  P.M.  2) N/A TIME XX A.M.  P.M.   
3) N/A TIME XX A.M.  P.M.  4) N/A TIME XX A.M.  P.M.

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656  
MAINTENANCE TECHNICIAN: J. KARLECKE #6467

### TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED  
ATTITUDE: TALKATIVE, COOPERATIVE  
CLOTHING: BLUE SWEATER, BLUE JEANS, BROWN FLIP FLOPS  
MEDICAL CONDITIONS: NONE  
MEDICATIONS: OXYCODONE

OTHER:  
EYES: BLOODSHOT

### COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0045 HOURS  
SUBJECT STATED HE WOULD NOT TAKE BREATH TEST  
A/O READ I.C  
SUBJECT STATED HE UNDERSTOOD I.C AND REFUSED TO TAKE BREATH TEST AT 0108 HOURS  
A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS  
A/O CONDUCTED Q AND A  
SUBJECT ANSWERED Q AND A

REFUSED



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

PBSO CASE # 21-030134 PBSO ZONE 3-13

AGENCY CASE # 21000420 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0003 DATE 01/29/2021 DAY FRIDAY

SUBJECT'S NAME FLATTERY MICHAEL THOMAS RACE W SEX M  
LAST FIRST MID

HGT 6'2 WGT \_\_\_\_\_ DOB 06/30/1981

LOCATION 11910 KEW GARDENS AV, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

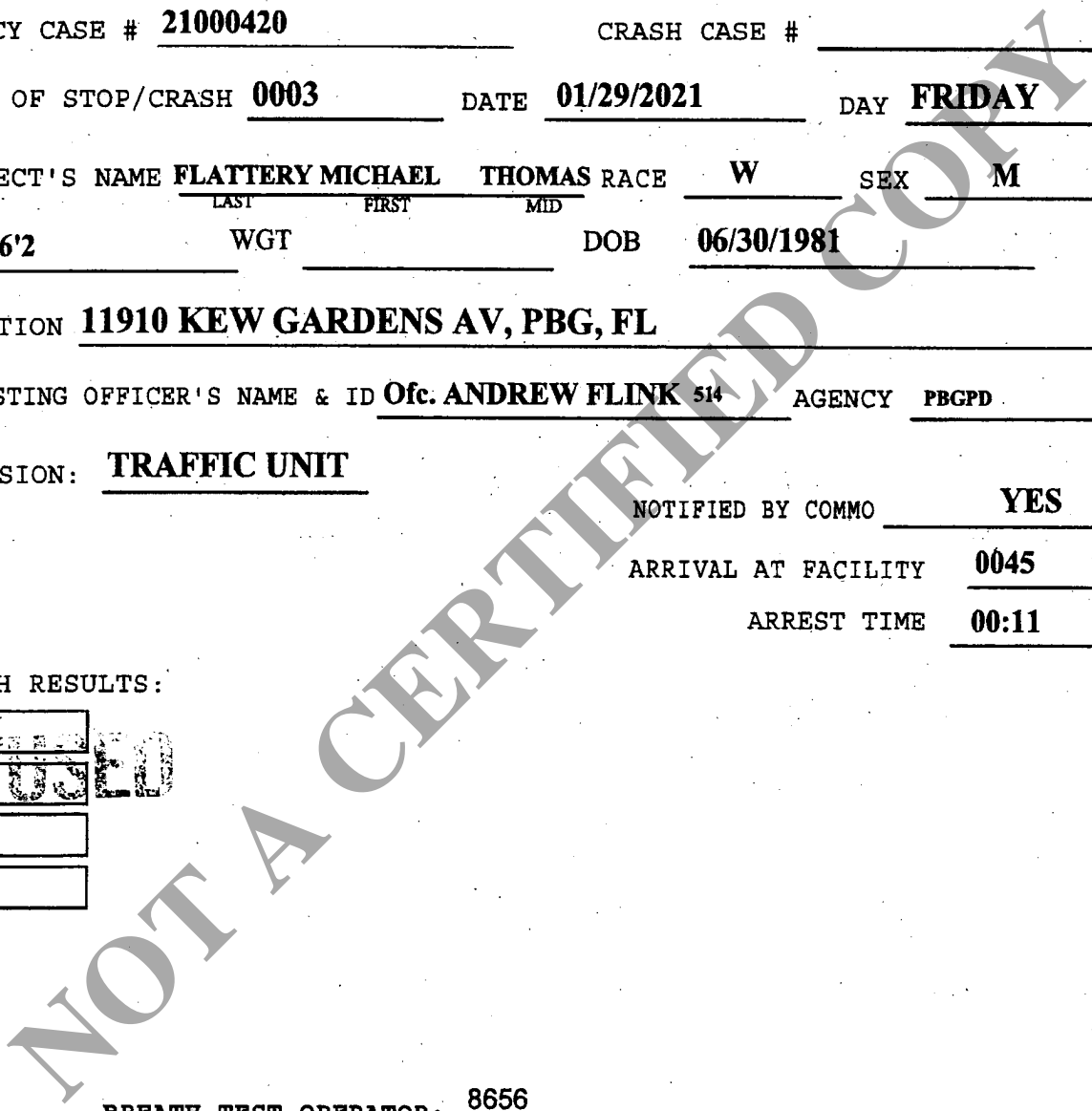
ARRIVAL AT FACILITY 0045

ARREST TIME 00:11

BREATH RESULTS:

- 1)
- 2)
- 3) -
- 4) -

BREATH TEST OPERATOR: 8656



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

I, Ofc. ANDREW FLINK, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 29th day of January, 20 21, at 00:11 P.M. A.M.

DRIVER MICHAEL THOMAS FLATTERY
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# F436558812300, state of FL, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by Ofc. ANDREW FLINK and
issued Citation # A56HGJE
(Name of Arresting Officer)

That on or about the 29th day of January, 20 21, at 0108 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a X 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]
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 29th day of January, 20 21,
by Ofc. ANDREW FLINK

Signature of Attesting Officer

Title
Date 01/29/2021

who is personally known to me or who has produced
Personally Known as identification

Notary Public [Signature]

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"/>	(vii) 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: 2021002394	Date: 01/29/2020
	Specialist Name/ID: T Howard/7185