

052047

20 CT 16200 MB

2953 Juvenile

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 N/A N

| | | | | | | |
|---|----------------------------------|--|---|---|--|--|
| OBTS Number | Agency ORI Number 0676 | | Agency Name Palm Beach Police Dept. | | Agency Report Number (N.T.A.'s only) 20-001305 | |
| Charge Type: Check as many as apply. | | <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor | | <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other |
| Location of Arrest (Including Name of Business) 901 N Ocean Blvd, Palm Beach, FL, 33480 | | Location of Offense (Business Name, Address) 901 N Ocean Blvd, Palm Beach, FL, 33480 | | | | Multiple Clearance Indicator N/A |
| Date of Arrest 12/11/2020 | Time of Arrest 0002 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle Kauffs |

| | | | | | | | | |
|---|-----------------|------------------------------------|----------------------|----------------------|-------------------------|--------------------------------------|----------------------------|-------------------------|
| Name (Last, First, Middle) Hamilton, Miles Newbold Payson | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | Sex M | Date of Birth 09/09/1994 | Height 600 | Weight 185 | Eye Color GRN | Hair Color Brown | Complexion Light | Build Average |

| | | | | | | |
|--|------------------|---------------------------|----------------------------|--|--------------------------------|---|
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) left thigh | | | | Marital Status Single | Religion CHRISTIAN | Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> |
| Local Address (Street, Apt. Number) 95 Christopher St | | (City) New York | (State) New York | (Zip) 10014 | Phone (215) 880-0800 | 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) | | (City) | (State) | (Zip) | Phone | Address Source Individual |
| Business Address (Name, Street) | | (City) | (State) | (Zip) | Phone | Occupation real state |
| D/L Number, State 30554877 PA | Soc. Sec. Number | INS Number | | Place of Birth (City, State) Brinmar, PA | | Citizenship USA |

| | | | | | |
|---|------|-----|---------------|--|---|
| 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 |
| 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"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other | Name (Last) | (First) | (Middle) | Residence Phone | | | |
| Address (Street, Apt. Number) | | | | (City) | (State) | (Zip) | Business Phone |

| | | | | |
|---|-------------------------|------|---|-------|
| Notified by: (Name) | Date | Time | Juvenile Disposition 1. Handed/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated | |
| Released To: (Name) | 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 B. Buy 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 Description DUI | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 316.193(1)(a) | | Violation of ORD # | | | | |
| Drug Activity N | Drug Type N | Amount / Unit | Offense # 20-001305 | Warrant / Capias Number | | Bond | | | | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | | Bond | | | | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | | Bond | | | | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | | Bond | | | | |

| | | | |
|--|--|----------------|--|
| Location (Court, Room Number, Address) Criminal Justice Complex 3228 Gun Club Rd, West Palm Beach, FL 33406 | | DEC 11 AM 8:18 | |
| Court Date and Time Month January Day 07 Year 2021 Time 8:30 AM <input checked="" type="checkbox"/> PM | | | |
| 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 | |

| | | |
|--|--|--|
| HOLD for other Agency Name: | Signature of Arresting Officer [Signature] 9265 | Name Verification (Printed by Arrestee) |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | Name of Arresting Officer (Print) Officer Pelayo I.D. # 9265 | (PRINT) |
| <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | Transporting Officer [Signature] ID # 9265 Agency 9265 | PAGE 1 OF 1 |
| Intake Deputy [Signature] I.D. # | Pouch # | Witness here if subject signed with an -X- |

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10th DAY OF December 20 20, AT 2304 AM PM

SUBJECT: Hamilton, Miles Newbold Payson CASE NUMBER: 20-001305

AGENCY: Palm Beach Police Dept. ARRESTING OFFICER: Ofc Pelayo #9265

PERSONAL CONTACT

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

Driver Hamilton called 911 stating he drove off the road.

OBSERVATION OF DRIVER:

I observed the driver to have constricted pupils and slurred speech.

DRIVER'S STATEMENTS:

When asked if he had consumed any drinks tonight, the driver stated he had two drinks.

ODORS:

GENERAL OBSERVATIONS

SPEECH: Slurred and mumbled

ATTITUDE: Good, Cooperative

CLOTHING: Blue shirt, black pants, black shoes

MEDICAL/OTHER: N/A

STATE OF FLORIDA COUNTY OF PALM BEACH

Ofc Pelayo #9265

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of December 20 20 by Ofc. Pelayo

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

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



JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance

SUBJECT: Hamilton, Miles Newbold Payson CASE NUMBER 20-001305

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Hamilton was unable to keep his head still during the exercise

WALK & TURN

Hamilton failed to remain in the instruction stage and began the exercise early. Hamilton would place his hands behind his back, when he was instructed to place them on his side. In the beginning of the exercise Hamilton did not touch heel to toe. Hamilton took 10 steps both ways. Hamilton would stop in the middle of the exercise.

ONE LEG STAND:

Hamilton would place his hands behind his back, when he was instructed to place them on his side. Hamilton put his foot down. Hamilton could not count properly as instructed.

FINGER TO NOSE:

ROMBERG ALPHABET:

Hamilton was unable to recite the Rhomberg alphabet correctly or completely. Hamilton attempted to recite the Rhomberg alphabet multiple times with no success.

BREATH TEST RESULTS: .188 .185

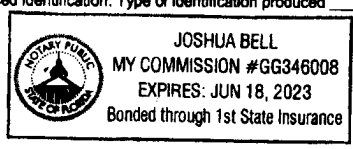
STATE OF FLORIDA
COUNTY OF PALM BEACH

Ofc Pelayo #9265 *Pelayo*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of December 2020 by Ofc. Pelayo

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

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





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

PBSO CASE # 20-135560 PBSO ZONE 1-11

AGENCY CASE # 20-001305 CRASH CASE # 20-001304

TIME OF STOP/CRASH 2304 DATE 12/10/2020 DAY THURSDAY

SUBJECT'S NAME HAMILTON, MILES N RACE W SEX M

HGT 6'0 WGT 185 DOB 09/09/1994

LOCATION 901 N OCEAN BLVD, PALM BEACH, FL 33480

ARRESTING OFFICER'S NAME & ID OFC. E. PELAYO #9265 AGENCY PBPD

DIVISION: _____

NOTIFIED BY COMMO YES

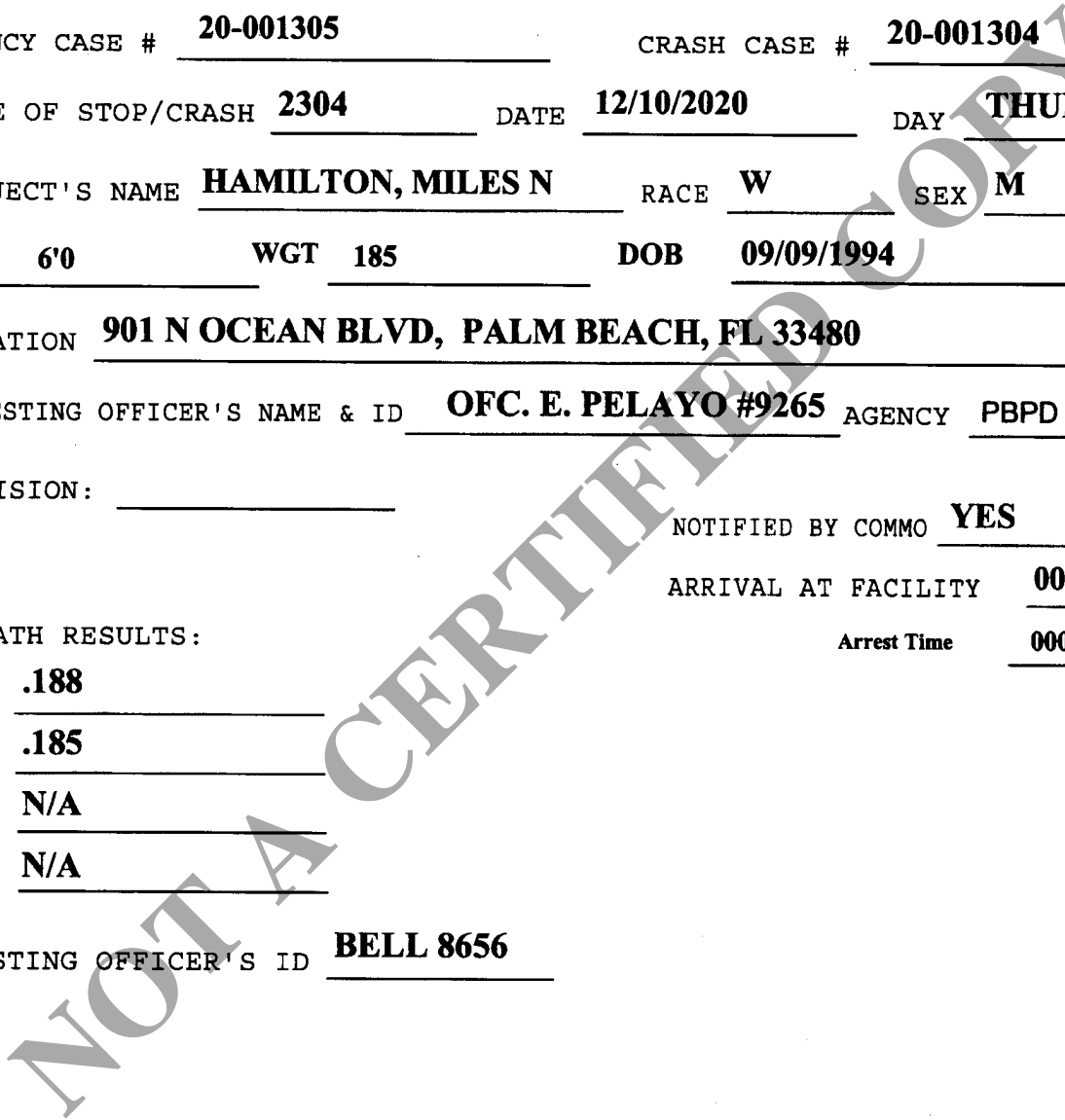
ARRIVAL AT FACILITY 0034

Arrest Time 0002

BREATH RESULTS:

1. .188
2. .185
3. N/A
4. N/A

TESTING OFFICER'S ID BELL 8656



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: 12/11/2020

Date of Last Agency Inspection: 11/13/2020

Observation Period Began: 00:34

Subject's Name: MILES NEWBOLD P HAMILTON

DOB: 09/09/1994 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 | | 01:02 |
| Air Blank | 0.000 | 01:03 |
| Control Test | 0.081 | 01:03 |
| Air Blank | 0.000 | 01:04 |
| Subject Sample #1 | 0.188 | 01:05 |
| Air Blank | 0.000 | 01:06 |
| Air Blank | 0.000 | 01:07 |
| Subject Sample #2 | 0.185 | 01:09 |
| Air Blank | 0.000 | 01:10 |
| Control Test | 0.079 | 01:10 |
| Air Blank | 0.000 | 01:11 |
| Diagnostics Check OK | | 01:11 |

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 JOSHUA J BELL, 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: J Bell Date: 12/11/20
Signature

Sworn to (or affirmed) before me this 11 day of December, 2020
hij Rmy Ofc. E. Pelayo #9265
Signature of Notary Public-State of Florida 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.

TESTING FACILITY TASK REPORT

AGENCY: PBDP

SUBJECT: HAMILTON, MILES N

CASE NUMBER: 20-135560

DATE: Dec 11, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0057

ENDING TIME: 0112

BREATH TESTS RESULTS: 1) .188 TIME 0105 A.M. P.M. 2) .185 TIME 0109 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, FIDGETY, COOPERATIVE

CLOTHING: LIGHT BLUE LONG SLEEVE BUTTON UP SHIRT, BLACK PANTS, BLACK LOAFERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0034 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C AND AGREED TO TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

SUBJECT ASKED FOR A LAWYER BEFORE QUESTIONING

SUBJECT: Hamden, miles N 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: Off. Pelayo # 9265

SUBJECT: Hampton, M. 115 ✓ 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) 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

WITNESS LIST

CASE NUMBER: 20-001305

ARRESTING OFFICER: Ofc Pelayo #9265

ADDRESS: 345 S. County Rd. Palm Beach, Florida 33480

PHONE NUMBERS (HOME): _____ (WORK) (561) 838-5454

CAN TESTIFY TO: DUI

NAME: Ofc Mayles

ADDRESS: 345 S County Rd., Palm Beach, Florida 33480

PHONE NUMBERS (HOME) _____ (WORK) (561)838-5454

CAN TESTIFY TO: Accident

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 _____

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: _____

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: _____

NOT A CERTIFIED COPY



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

REVIEW COMPLETED BY

| | |
|----------------------------|-----------------------------------|
| Booking Number: 2020028931 | Date: 12/11/2020 |
| | Specialist Name/ID: T Howard/7185 |