

0524383

21CT11081 SB

1920

AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 21-008115							
D E F E N D A N T	Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 1	
	Location of Arrest (Including Name of Business) 1999 W ATLANTIC AVE DELRAY BEACH FL						Location of Offense (Business Name, Address) 1999 W ATLANTIC AVE, DELRAY BEACH, FL 33445					
C O D E F	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	07/04/2021	07:57	07/04/2021	08:07	07/04/2021	08:05						
J U V E N I L E	Name (Last, First, Middle) RODRIGUEZ, MITCHELL EVAN				Alias:							
	Race W - White B - Black	Sex M	Date of Birth 07/24/1997	Height 5'10	Weight 220	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build LARGE			
C H A R G E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion None	Indication of: Alcohol Influence Drug Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 1217 W SAMPLE ROAD, CORAL SPRINGS, FL 33065				(City)	(State)	(Zip)	Phone (954) 629-0407	Residence Type 1. City 3. Florida 2. County 4. Out of State 3			
N O T I C E T O A P P E A R	Permanent Address (Street, Apt. Number) 1217 W SAMPLE ROAD, CORAL SPRINGS, FL 33065				(City)	(State)	(Zip)	Phone (954) 629-0407	Address Source VERBAL			
	Business Address (Name, Street) R362545972640 / FL				(City)	(State)	(Zip)	Phone	Occupation			
C O D E	D/L Number, State R362545972640 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) CORAL SPRINGS, FL		Citizenship US			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
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"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone							
C H A R G E	<input type="checkbox"/> Legal Custodian Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone				
	Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
C O D E	Released To: (Name)				Relationship	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.				School Attended		Grade					
C H A R G E	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				Value of Property			
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No.											
C H A R G E	Drug Activity: S. Sell, R. Struggle, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other N. N/A, B. Buy, D. Deliver, E. Use P. Possess, T. Traffic				Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Pseudoephedrine/Equipment, S. Synthetic, U. Unknown, Z. Other							
	Charge Description DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(DA)				Violation of ORD #			
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
	N	N	/	21-008115	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	AE27BOE					
C H A R G E	Charge Description	Statute Violation Number	Violation of ORD #									
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
C H A R G E	Charge Description	Statute Violation Number	Violation of ORD #									
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
I N T A K E	Health / Apparent Physical Condition of Defendant				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							
	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	
N O T I C E T O A P P E A R	Transported By				Date Transported	Time Transported	Other					
	<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 33445 Court Date and Time 08/02/2021 08:30:00							
A D M I N I S T R A T I O N	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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Signature of Arresting Officer LOPEZ, BRIAN Name of Arresting Officer (Print) LOPEZ, BRIAN ID # 1218 Transporting Officer LOPEZ, BRIAN ID # 1218 Agency DELRA				Name Verification (Printed by Arrestee) (PRINT) SCANNED JUL 06 2021 Witness here if subject not with		PAGE 1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4 DAY OF July 20 21 AT 0537 ☒ AM ☐ PM
SUBJECT: Rodriguez, Mitchell CASE NUMBER: 21-008115
AGENCY: DBPD ARRESTING OFFICER: B. Lopez 1218

PERSONAL CONTACT

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

We were dispatched to a subject who was asleep at the wheel at the intersection of W Atlantic Ave and N Congress Ave. Upon arrival Sergeant Rusczyk advised that Rodriguez was asleep at the wheel with the car still in drive. Rodriguez advised that he was leaving from Tin Roof and traveling back home and he usually takes I-95 south. Let it be known that Rodriguez passed I-95 and was in the left turning lane about to go southbound.

OBSERVATION OF DRIVER:

Rodriguez appeared impaired, swaying while he was standing. His eyes were glossy red, pupils were dilated and appeared to have urinated himself.

DRIVER'S STATEMENTS:

Rodriguez advised that he had 1 to 2 "High Noon's". A High Noon is an alcoholic beverage that is a hard seltzer made with vodka, juice and sparkling water. Rodriguez advised that he was leaving from Tin Roof and traveling back home and he usually takes I-95 south. Let it be known that Rodriguez passed I-95 and was in the left turning lane about to go southbound.

ODORS:

GENERAL OBSERVATIONS

SPEECH: Mumbling

ATTITUDE: Calm and cooperative

CLOTHING: Red shirt, Jeans, and black shoes.

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

B. Lopez 1218
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20____ by _____

(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)

SCANNED
JUL 08 2021

SUBJECT: Rodriguez, Mitchell

CASE NUMBER 21-008115

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:

Rodriguez did not follow with his eyes only, he began to track the stimulus with his head.

WALK & TURN:

Rodriguez walked 16 steps instead of 9 and only touched heel to toe on steps 1 and 2, the other steps were about six to twelve inches apart. After turning, making a small series of steps, he made 9 steps back, touching heel to toe.

ONE LEG STAND:

Rodriguez was instructed to raise a foot of his choice and when he raised his right foot, he had it about 1 inch off the ground.

FINGER TO NOSE:

Rodriguez began the task before I told him to begin. While conducting the task, Rodriguez was using the pad of his finger, not the tip.

ROMBERG ALPHABET:

BREATH TEST RESULTS: 1) 0.101 2) 0.103 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 1218
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____, 20____, by _____

(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)

SCANNED
JUL 06 2021



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

PBSO CASE # 21-082337 PBSO ZONE 4-11
AGENCY CASE # 21-008115 CRASH CASE # _____
TIME OF STOP/CRASH 0534 DATE 07/04/21 DAY SUNDAY
SUBJECT'S NAME RODRIGUEZ, MITCHELL EVAN RACE W SEX M
HGT 6'0 WGT 220 DOB 07/24/1997
LOCATION W ATLANTIC AVE / CONGRESS AVE, DELRAY BEACH FLORIDA
ARRESTING OFFICER'S NAME & ID B. LOPEZ #1218 AGENCY DBPD
DIVISION: ROAD PATROL NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 0639
BREATH RESULTS: Arrest Time 0608
1. .101
2. .103
3. N/A
4. N/A
TESTING OFFICER'S ID BELL 8656

SCANNED
JUL 06 2021

SUBJECT: Boat 14, 11/10/11 E-11 CASE NUMBER: 21-008115

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. LOPEZ #1118

SCANNED
JUL 06 2021

SUBJECT: Redmond, L. Mitchell Evan CASE NUMBER: 21-008115

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) _____

Read on camera

SCANNED
JUL 06 2021

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: RODRIGUEZ, MITCHELL EVAN

CASE NUMBER: 21-082337

DATE: Jul 4, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0706

ENDING TIME: 0720

BREATH TESTS RESULTS: 1) .101 TIME 0711 A.M. ☒ P.M. ☐ 2) .103 TIME 0714 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 TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: EMOTIONAL, COOPERATIVE

CLOTHING: RED TEE SHIRT, BLUE JEANS, BLACK SHOES

MEDICAL CONDITIONS: ASTHMA, ALLERGIES

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0639 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT DECLINED TO ANSWER Q AND A

SCANNED
JUL 06 2021

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: 80-006238 Software: 8100.27
Date of Test: 07/04/2021

Date of Last Agency Inspection: 06/11/2021

Observation Period Began: 06:39

Subject's Name: MITCHELL E RODRIGUEZ

DOB: 07/24/1997 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	07:09
	Air Blank	0.000	07:10
	Control Test	0.079	07:10
	Air Blank	0.000	07:10
	Subject Sample #1	0.101	07:11
	Air Blank	0.000	07:12
	Air Blank	0.000	07:13
	Subject Sample #2	0.103	07:14
	Air Blank	0.000	07:15
	Control Test	0.079	07:15
	Air Blank	0.000	07:16
	Diagnostics Check	OK	07:16

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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: _____

Signature

Date: 07/04/21

Sworn to (or affirmed) before me this 04 day of July, 2021

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.

SCANNED
JUL 06 2021

WITNESS LIST

CASE NUMBER: 21-008115

ARRESTING OFFICER: Alami, Khaled

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME): 561-243-7800

(WORK)

CAN TESTIFY TO: Refer to IR

NAME: Green, Travis

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME) 561-243-7800

(WORK)

CAN TESTIFY TO: Refer to IR

NAME: Reed, Charles

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME) 561-243-7800

(WORK)

CAN TESTIFY TO: Refer to IR

NAME: Rusczyk, Jonathan

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME) 561-243-7800

(WORK)

CAN TESTIFY TO: Refer to IR

NAME: Williams, Theodore

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME) 561-243-7800

(WORK)

CAN TESTIFY TO: Refer to IR

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:

PHONE NUMBERS (HOME)

(WORK)

CAN TESTIFY TO:

SCANNED
JUL 06 2021



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

REVIEW COMPLETED BY

Booking Number: 2021016381	Date: 07/05/2021
	Specialist Name/ID: T Howard/7185