

J. 0516916

20CT7446ANB

P: 448

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5, 4   20-002046</b>		Multiple Clearance Indicator			
	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		If Weapon Seized Enter Type: <b>NONE</b>					
D E F E N D A N T	Location of Arrest (Including Name of Business) <b>2188 MARCINSKI RD</b>				Location of Offense (Business Name, Address) <b>2188 MARCINSKI RD, JUPITER, FL 33477</b>							
	Date of Arrest <b>06/11/2020</b>	Time of Arrest <b>23:35</b>	Booking Date <b>06/11/2020</b>	Booking Time <b>23:45</b>	Jail Date	Jail Time	Location of Vehicle					
D E F E N D A N T	Name (Last, First, Middle) <b>GOUDEY, NICOLE MARIE</b>				Alias:				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>09/19/1984</b>	Height <b>5'04</b>	Weight <b>160</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
	Local Address (Street, Apt. Number) <b>46 SEMINOLE DR, ROYAL PALM BEACH, FL 33411</b>				(City)	(State)	(Zip)	Phone		Residence Type 1. City 3. Florida 2. County 4. Out of State   <b>2</b>		
	Permanent Address (Street, Apt. Number) <b>46 SEMINOLE DR, ROYAL PALM BEACH, FL 33411</b>				(City)	(State)	(Zip)	Phone		Address Source <b>VERBAL</b>		
	Business Address (Name, Street)				(City)	(State)	(Zip)	Phone		Occupation		
	D/L Number, State <b>G300633848390 / FL</b>		Soc. Sec. Number		DNS Number		Place of Birth (City, State) <b>WEST PALM BEACH</b>		Citizenship <b>US</b>			
	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		Name (Last, First, Middle)				Residence Phone					
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								
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						
<input type="checkbox"/> Yes, by		<input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property				
C O D E	Drug Activity		S. Sell N. N/A P. Possess	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type 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 <b>DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED</b>				Statute Violation Number <b>316.193(1)(A)</b>		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 #					
Charge Description				Statute Violation Number		Violation of ORD #						
Charge Description				Statute Violation Number		Violation of ORD #						
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 Explain:								
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By				
Transported By		Date Transported	Time Transported	Other				<b>JUN 12 AM 3:49</b>				
N O T I C E	<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) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>07/15/2020 08:30:00</b>		No Photo Available			
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed								
A D M I N	HOLD for Other Agency		Signature of Arresting Officer <b>S. MCGILLICUDDY</b>		Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>MCGILLICUDDY, STEVEN</b>		I.D. # <b>1216</b>		PAGE <b>1 OF 1</b>			
	Intake Deputy <b>S. MCGILLICUDDY</b>		I.D. #		Pouch #		Transporting Officer <b>S. MCGILLICUDDY</b>		I.D. # <b>388</b>			
						Agency <b>JUPITE</b>		Witness here if subject signed with an "X"				

SCANNED

JUN 12 2020

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5 4 20-002046</b>
Charge Type: Check as many as apply.				Special Notes:
<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) <b>GOUDEY, NICOLE MARIE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/19/1984</b>
Charge Description <b>316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL</b>	Charge Description			

Victim's Name (Last, First, Middle) <b>State Of Florida</b>	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

committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the **11** day of **June**, **2020** at **23:05** (Specifically include facts constituting cause for arrest)

On 6/11/2020 at approximately 2305 hrs I responded to Ocean Cay Park, located at 2188 Marcinski Road, in reference to a report of an unwanted person. Details of the call stated that a park ranger (Pete Shaffer, RP) was being given a hard time by a possibly intoxicated female, who was behind the wheel of beige Ford Expedition. Upon my arrival, PFC Albano and Officer S. Pope had already arrived on scene, but had not yet spoken to the driver of the Expedition. I observed said vehicle parked upon the grass area facing east bound. The vehicle was in fact a beige Ford Expedition (VEHICLE-1) bearing FL tag Z31-IYY. The vehicle was running with the driver still in the driver seat. I approached the vehicle and made contact with the driver and sole occupant, Nicole Goudey (DEFENDANT). Upon my initial contact I detected a strong odor of unknown alcoholic beverage emitting from Goudey's person, which intensified as she spoke. She had glassy, bloodshot eyes and spoke with slurred speech. I observed, in plain view, numerous empty Sutter Home bottles that once contained wine beverage. Goudey was visibly crying during this initial contact and said she had issues going on. I asked her if the park ranger had asked her to leave at some point and she stated that she wasn't sure. I asked her how much she had to drink tonight and she stated that she had "issues". I then asked her again how much she had to drink and she stated "a lot". She advised me that she was at home prior to coming to the park. She stated that she drove all this way north because she wanted to go to the beach. She advised that she had been in the park for several hours. I asked her if she was drinking in the vehicle and she nodded in the affirmative. I asked her to step out of her vehicle and to the rear. Upon exiting the vehicle, Goudey exited and appeared unsteady on her feet. She at one point had to steady herself on her vehicle and I had to simultaneously steady her person with my left hand on her shoulder as I was concerned that she would possibly fall over. I asked her on a scale from 1-10 of impairment with 1 being sober and 10 being the most intoxicated she has ever been where she would put herself. She advised she was a 7. I asked her how many of the small wine drinks she had consumed and she stated "four". She advised that was all the alcohol she had consumed. She advised she last

SWORN AND SUBSCRIBED BEFORE ME	JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>MCGILICUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT)
<b>06/12/2020</b> DATE	<b>06/12/2020</b> DATE	PAGE <b>1 OF 2</b>

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   20-002046</b>
Charge Type: Check as many as apply.		Special Notes:
<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

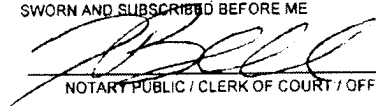


Name (Last, First, Middle) <b>GOUDEY, NICOLE MARIE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/19/1984</b>
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ate around 1900 hrs.

I expressed my concerns to Goudey over what I was observing and asked if she would be willing to participate in field sobriety exercises for me to gauge her level of impairment. She refused to participate in exercises. I then advised Goudey of her Taylor warning, and she again refused. Based on my investigation, observations and the totality of the circumstances, I have probable cause to believe that Goudey was in actual physical control of a motor vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point where her normal faculties were impaired. I placed her under arrest at 2325 hrs.

I then transported Goudey to the Palm Beach Breath Alcohol Testing (BAT) Center, arriving at 2355 hrs. Upon our arrival, BAT Technician Bell took Goudey's temperature as a COVID-19 precaution. Goudey's temperature reading was 100.7 F. Due to this fact, the BAT denied entry without medical clearance. I then transported Goudey to the Wellington Regional Medical Center, arriving at 0019 hrs. After a short period of time I was informed by medical staff that a COVID nose swab with a minimum return of one hour would be conducted. Due to the given timeframe, I determined at this point that the possibility of asking Goudey for a breath sample was now impossible and impractical. I asked Goudey for a blood sample and she refused. I then read her implied consent for blood (absent CDL language, as she is not a CDL holder) and asked again for blood. She refused again, with a marked refusal time of 0045 hrs. Once Goudey was medically cleared I transported her to the Palm Beach County jail, where she was booked on one count of DUI. I issued her a criminal court date of 7/15/2020 at 0830 hrs. Her vehicle was towed by All Hooked Up. I issued her an additional citation for open container. EWC.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICIAL <b>06/12/2020</b> DATE	 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>MCGILlicuddy, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT) <b>06/12/2020</b> DATE	PAGE <b>2 OF 2</b>
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STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
**BLOOD TEST**

I, Officer OFC. MCGILLICUDDY, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)  
am a member of Jupiter Police Department, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 12TH day of JUNE, 20 20, at 0019  P.M.  A.M.

DRIVER NICOLE M GOUDEY,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

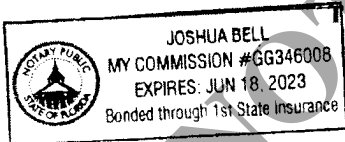
DL# G-300-633-84-839-0, state of FLORIDA, appeared for treatment at a hospital,  
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 12TH day of JUNE, 20 20, at 0045  P.M.  A.M.  
in Palm Beach County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test 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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 12TH day of JUNE, 20 20,  
by Officer OFC. MCGILLICUDDY,  
who is personally known to me or who has produced  
POLICE IDENTIFICATION as identification

Notary Public [Signature]  
HSMV-BAR1002 (REV. 10/16)

The foregoing instrument was sworn and subscribed before me:

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.

# WITNESS LIST

CASE NUMBER: 20-002046

ARRESTING OFFICER: OFC. MCGILLICUDDY

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: PFC ALBANO

ADDRESS: 210 MILITARY TRL, JUPITER, FL

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC. S. POPE

ADDRESS 210 MLITARY TRL, JUPITER, FL

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: BACKUP ON STOP

NAME: PARK RANER PETER SHAFFER

ADDRESS 2700 6TH AVE S. LAKE WORTH FL 33461

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: CALLER

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED

JUN 12 2020

SUBJECT: **GOUDEY, NICOLE M**

CASE NUMBER: 20-002046

## 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 o chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST**

I am Officer OFC. MCGILlicuddy of the Jupiter Police Department

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: READ ON BWC GOUDEY, NICOLE M

## CONSTITUTIONAL WARNINGS

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: READ ON BWC GOUDEY, NICOLE M



**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: 2020014655	Date: 6/12/2020
	Specialist Name/ID: Gammage/5660

SCANNED  
JUN 12 2020