

21 CT-18018AMB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21-121082							
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) 6346 S Jog Road, Lake Worth FL		Location of Offense (Business Name, Address) 6346 S Jog Road, Lake Worth FL		Weapon Seized / Type 2. No		Multiple Clearance Indicator							
Date of Arrest 10/26/2021		Time of Arrest 0032		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle 307	
Name (Last, First, Middle) Gopeesingh, Nirvana,												Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 8/20/2000		Height 5'06		Weight 115		Eye Color Br		Hair Color Br	
Complexion MED		Build SM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 5968 Western Way, Lake Worth, FL 33463		(City)		(State)		(Zip)		Phone (561) 231 3339		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source DEFENDANT			
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation STUDENT			
D/L Number, State G125620008000, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) W PALM BEACH FL		Citizenship US					
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. Handled/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 Driving Under the Influence		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)C(1)		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense # 21-121082		Warrant / Capias Number		Bond OR.			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N		Statute Violation Number OCT 26 2021		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 Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600													
Court Date and Time Month 11 Day 18 Year 21 Time 8:30 AM													
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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. 10/26/2021													
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed	
HOLD for other Agency Name		Signature of Arresting Officer X		Name Verification (Printed by Arresting Officer) (PRINT)		Name of Arresting Officer (Print) A. Soloway		I.D. # 8586		PAGE 1 OF 1			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer A. Soloway		ID # 8586		Agency PBSO		Witness here if subject signed with an "X"			

0526854

141

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF October, 20 21, AT 0001 AM PM
SUBJECT: Gopeesingh, Nirvana, CASE NUMBER: 21-121082
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to a 911 call of a single vehicle crash. Upon my arrival I observed a white BMW on the grassy swale of S. Jog Road. The vehicle had struck a pole, traveled over the grass, then came to final rest in a hedge. I spoke with witness, Jataevian Moore, who stated he observed the defendant attempting to exit her vehicle immediately after the crash. He assisted her in exiting through the passenger side due to the driver's side door being damaged. He stated she was the only occupant. He pointed the defendant out to me as the driver.

OBSERVATION OF DRIVER:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke. The defendant's eyes were red and glassy. The defendant's speech was slow and slurred. She was swaying while standing.

DRIVER'S STATEMENTS:

Post- Miranda, the defendant stated she was exiting the parking lot and another vehicle cut in front of her which caused her to drive over the grass and strike the pole. She stated she was coming from Alabama Joe's where she drank 2 Tequila Margaritas. She stated she left Alabama Joe's at approximately 10pm. The current time was approximately 12:30am. Alabama Joe's is located in the parking lot directly next to the crash scene. She was unable to explain what she did between the hours of 10 and 12:30.

ODORS:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke.

GENERAL OBSERVATIONS

SPEECH: slow and slurred

ATTITUDE: compliant

CLOTHING: black tank top, black pants, white shoes

MEDICAL/OTHER: state none

STATE OF FLORIDA
COUNTY OF PALM BEACH

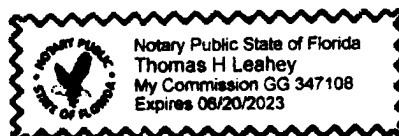
A. Soloway
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of October, 20 21 by A. Soloway

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

Thomas Leahey (#19183)

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



SUBJECT: Gopeesingh, Nirvana,

CASE NUMBER 21-121082

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:

The defendant was swaying during this task.

WALK & TURN:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant took 12 steps up the line. She then took 11 steps back down the line. She counted from 1-23 for this task. She stepped off the line several times. She missed heel to toe several times. She made the turn incorrectly by pivoting on both feet.

ONE LEG STAND:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant was swaying during this task. She raised her foot 1-3 inches for most of this task. She counted from 1001-1021, then continued counting 1002-1007.

FINGER TO NOSE:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant touched her nostril on attempt 1. She touched under her nose on attempts 2 and 3. She touched the side of her nose on attempt 4. She used the incorrect hand on attempt 5.

ROMBERG ALPHABET:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant incorrectly recited the alphabet. She was swaying during this task.

BREATH TEST RESULTS: 1) .162 2) .162 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway

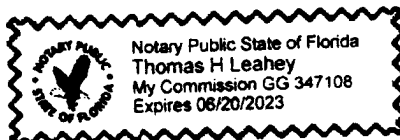
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of October, 2021 by A. Soloway

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

Thomas Leahey (#19183) *T. Leahey*

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





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

PBSO CASE # 21-121082 PBSO ZONE 6-21

AGENCY CASE # _____ CRASH CASE # 21-121081

TIME OF STOP/CRASH 0001 DATE 10/26/2021 DAY Tuesday

SUBJECT'S NAME Gopeesingh, Nirvana, RACE W SEX F

HGT 5'06 WGT 115 DOB 8/20/2000

LOCATION 6346 S Jog Road, Lake Worth FL

ARRESTING OFFICER'S NAME & ID A. Soloway (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0145

ARREST TIME 0032

BREATH RESULTS:

1)	.162
2)	.162
3)	N/A
4)	N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

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? _____

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: _____

SUBJECT: James H. Venable CASE NUMBER: 21-121052

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) R. L. [Signature]

WITNESS LIST

CASE NUMBER: 21-121082

ARRESTING OFFICER: A. Soloway

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: DUI INVESTIGATION

NAME: Moore, Jataevian,

ADDRESS: ,

PHONE NUMBERS (HOME) (561) 399 6989 (WORK) 0

CAN TESTIFY TO: Witness to crash

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. ☒ P.M. ☐ 2) TIME A.M. ☒ P.M. ☐

3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

eyes are glassy and bloodshot
unknown odor of alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0145 hrs

subject agreed to perform breath test

A/O read rights on scene & subject acknowledged she knew her rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject declined to answer questions

**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: 80-006029 Software: 8100.27
Date of Test: 10/26/2021

Date of Last Agency Inspection: 10/08/2021

Observation Period Began: 01:45

Subject's Name: NIRVANA GOPEESINGH

DOB: 08/20/2000 Sex: F

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	02:13
	Air Blank	0.000	02:13
	Control Test	0.081	02:13
	Air Blank	0.000	02:14
	Subject Sample #1	0.162	02:15
	Air Blank	0.000	02:16
	Air Blank	0.000	02:18
	Subject Sample #2	0.162	02:18
	Air Blank	0.000	02:19
	Control Test	0.079	02:19
	Air Blank	0.000	02:20
	Diagnostics Check	OK	02:20

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 THOMAS H LEAHEY, 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: T. Leahy

Signature

Date: 10/26/2021

Sworn to (or affirmed) before me this 26 day of October, 2021

Signature of Notary Public-State of Florida

Cpl A Soloway #2586
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.



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

REVIEW COMPLETED BY

Booking Number: 2021026868	Date: 10/26/21
	Specialist Name/ID: A. Pinkney/7796