

0446159

50-2020-CT-009167-ANB

3306

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 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT			Agency Report Number (N.T.A.'s only) 78- 20003458																
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) 8961 N Military Trail, PBG, FL						Location of Offense (Business Name, Address) 8961 N Military Trail, PBG, FL															
Date of Arrest 07/31/2020		Time of Arrest 03:25		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405									
Name (Last, First, Middle) RAMOS MARTINEZ, NOE, SANTOS												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 10/31/1986		Height 5'4		Weight 125		Eye Color BLK		Hair Color BLK		Complexion MED		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NA						Marital Status SINGLE		Religion CATHOLIC		Indication of Alcohol Influence Drug Influence		Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		Unk. <input type="checkbox"/>							
Local Address (Street, Apt. Number) 10034 PLANT DR				(City) PALM BEACH GARDENS FL 33410				(State) (Zip)				Phone (561) 888-6704		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1					
Permanent Address (Street, Apt. Number) 10034 PLANT DR				(City) PALM BEACH GARDENS FL 33410				(State) (Zip)				Phone		Address Source FL DL							
Business Address (Name, Street)				(City) (State) (Zip)				Phone				Occupation									
D/L Number, State R525637863910 FL		INS Number		Place of Birth (City, State) GUATEMALA CITY, GT				Citizenship GT													
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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"/>			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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 Legal Custodian		Name (Last)		(First)		(Middle)		Residence Phone													
Other:		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 355-2528) 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 OVER .08				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(C)				Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number				Bond OR									
Charge Description DUI ENHANCED OVER .15				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(4)				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		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									
Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700																					
Court Date and Time Month SEPT Day 2 Year 2020 Time 10:00 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																			
Signature of Defendant (or Juvenile and Parent / Custodian)								Date Signed 07/31/2020													
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee) JUL 31 AM 5:45													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. ANDREW FLINK		I.D. # 514		(PRINT)				PAGE 1 OF 1									
Intake Deputy DS Collins 7622		I.D. #		Pouch #		Transporting Officer ANDREW FLINK		I.D. # 514		Agency PBGPD		Witness here if subject signed with an "X"		1 OF 1							

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31ST DAY OF JULY 20 20, AT 0303 AM PM

SUBJECT: RAMOS MARTINEZ, NOE, SANTOS CASE NUMBER: 20003458

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)

Ofc Luscavich 513 and Ofc Komara 511 observed suspicious activity in the parking lot of Shell Gas Station, 8961 N Military Trail, PBG, FL. Both Officer observed an unknown male attempting to enter the service station multiple times, while the doors were closed and locked. Upon further investigation, Officers located a vehicle, a Chevrolet utility (0729PY/FL) in which the male arrived as a passenger. Ofc Luscavich made contact with the driver, identified via Florida Driver License photo, Noe Ramos Martinez, while he was in actual physical control of the vehicle. This Officer arrived and made contact with Martinez while he was still in the driver seat of the vehicle.

OBSERVATION OF DRIVER:

Martinez had bloodshot watery eyes, flushed red face, slurred speech, slow reaction to commands and questions, and the obvious odor of an unknown alcoholic beverage emanating from his breath and person. While speaking with Martinez, this Officer noticed multiple empty and full cans of "Modelo". The cans were well within Martinez's physical control. Based on this Officer's training and experience, this Officer easily identified the cans as alcoholic beverages.

DRIVER'S STATEMENTS:

Martinez said he was coming from a different gas station across the street and admitted to consuming two beers. Martinez said he had difficulty speaking English, however, Officers on scene prior to this Officer said Martinez was speaking well, with them.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant

CLOTHING: Blue/white shirt, beige shorts, black sneakers

MEDICAL/OTHER: None stated

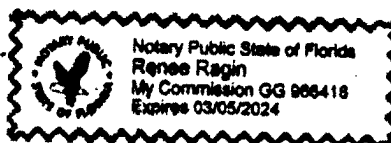
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 31st day of July 20 20 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)



TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Ramos Martinez, Noe

CASE NUMBER: 20-092648

DATE: Jul 31, 2020

VIDEO DVD NUMBER: N/A

STARTING TIME: 04:21

ENDING TIME: 04:35

BREATH TESTS RESULTS: 1) .182 TIME 04:28 A.M. P.M. 2) .173 TIME 04:32 A.M. P.M.
3) _____ TIME _____ A.M. P.M. 4) _____ TIME _____ A.M. P.M.

TEST OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

APPEARANCE: Slurred, Spanish speaking

MOOD: Calm, Cooperative

CLOTHING: Tan shorts, LS blue and white, black sneakers

PHYSICAL CONDITIONS: None

REMARKS: None

OTHER: no bloodshot

REMARKS:

Arrived at center A/O started 20 minute observation period at 04:00 hrs.
Subject agreed to take breath test.
Officer read breath test results.
Subject stated understood results.
Officer didn't read rights because of language barrier.
Officer didn't conduct Q&A because of language barrier as well.

SUBJECT: James H. Stone, No. 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: OK Flink 9/14

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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:

Martinez was swaying while standing upright.

WALK & TURN:

During the instructions, Martinez started multiple times prior to being told to do so. During the first set of steps, Martinez took eight steps rather than nine. Martinez also stopped multiple times to steady his balance. Martinez then conducted an improper turnaround by stepping both feet off the line. On the return, Martinez again paused multiple times, to steady himself. Martinez also took 10 steps rather than nine as instructed.

ONE LEG STAND:

During the exercise, Martinez raised his left foot. Throughout the exercise, Martinez did not count and also did not look down at the raised foot. Martinez placed his foot down multiple times and was swaying for the duration of the exercise.

ROMBERG ALPHABET:

Not conducted

FINGER TO NOSE:

Not conducted

BREATH TEST RESULTS: 1) .182 2) .173 3) - 4) -

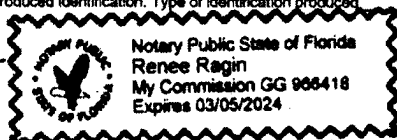
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31st day of July 2020 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)





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

PBSO CASE # 20-092648 PBSO ZONE 3-13

AGENCY CASE # 20003458 CRASH CASE # _____

TIME OF STOP/CRASH 0303 DATE 07/31/2020 DAY FRIDAY

SUBJECT'S NAME RAMOS MARTINEZ NOE SANTOS RACE W SEX M
LAST FIRST MID

HGT 5'4 WGT 125 DOB 10/31/1986

LOCATION 8961 NORTHLAKE BLVD, PBG, FL

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

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

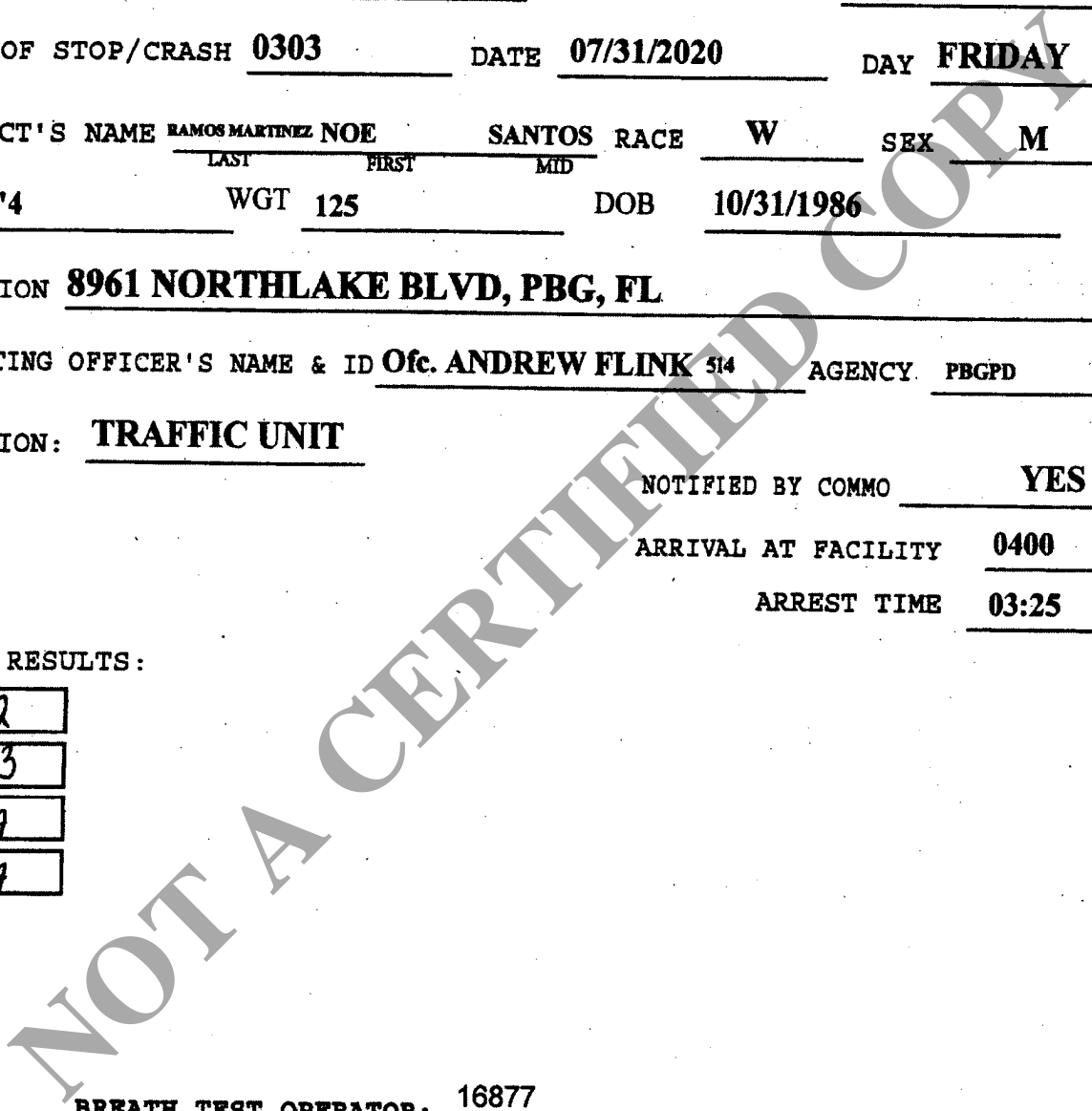
ARRIVAL AT FACILITY 0400

ARREST TIME 03:25

BREATH RESULTS:

- 1) .182
- 2) .173
- 3) - N/A
- 4) - N/A

BREATH TEST OPERATOR: 16877



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: 80-006478 Software: 8100.27
Date of Test: 07/31/2020

Date of Last Agency Inspection: 07/17/2020
Observation Period Began: 04:00
Subject's Name: NOE S RAMOS MARTINEZ

DOB: 10/31/1986 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	04:26
	Air Blank	0.000	04:27
	Control Test	0.079	04:27
	Air Blank	0.000	04:28
	Subject Sample #1	0.182	04:28
	Air Blank	0.000	04:29
	Air Blank	0.000	04:31
	Subject Sample #2	0.173	04:32
	Air Blank	0.000	04:32
	Control Test	0.078	04:33
	Air Blank	0.000	04:33
	Diagnostics Check	OK	04:33

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 RENEE M RAGIN, 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: _____ Date: 07/31/20
Signature

Sworn to (or affirmed) before me this 31 day of July, 2020

Signature of Notary Public-State of Florida Ofc. A. Flink #514
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.

T: James H. Stone, No. CASE NUMBER: _____

QUESTIONS AND ANSWERS

WE ARE 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? _____

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? _____

COUNTY AND CITY ARE YOU IN NOW? _____

DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

HAVE YOU BEEN DRIVING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT?

WHERE? _____ WITH WHOM? _____

DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

DID YOU CONSUME YOUR LAST TWO DRINKS? _____

DO YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

DID YOU CONSUME ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DID YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

WERE YOU EVER SICK OR INJURED? _____ WHAT'S WRONG? _____

DID YOU HAVE A LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU INVOLVED IN AN ACCIDENT TODAY? _____

DID YOU TAKE ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

DID YOU EVER SEE 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? _____

DID 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? _____

BY WHOM? OK Flink 5/11



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: 2020018186	Date: 7/31/2020
	Specialist Name/ID: B Evans / 23649