

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

Agency ORI Number <b>0501700</b>	Agency Name <b>Jupiter Police Department</b>	Agency Report Number (N.T.A.'s only) <b>5, 4 21-001089</b>
Charge Type: Check as many: <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
Location of Arrest (Including Name of Business) <b>MAIN STREET/RESCENT DRIVE</b>		Location of Offense (Business Name, Address) <b>1249 MAIN ST/CRESCENT DR, JUPITER, FL 33458</b>
Date of Arrest <b>03/28/2021</b>	Time of Arrest <b>21:52</b>	Booking Date <b>03/28/2021</b>
Booking Time <b>22:02</b>	Jail Date <b>// : :</b>	Jail Time

Name (Last, First, Middle) <b>LAWLER, PAMELA NORTON</b>		Alias:	
Race W - White B - Black	Sex <b>F</b>	Date of Birth <b>11/23/1967</b>	Height <b>5'05</b>
Weight <b>150</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>
Build <b>Medium</b>	Marital Status <b>M</b>	Religion	Indication of: Alcohol Influence Drug Influence
Local Address (Street, Apt. Number) <b>2105 21ST COURT, JUPITER, FL 33477</b>	(City) <b>JUPITER</b>	(State) <b>FL</b>	(Zip) <b>33477</b>
Permanent Address (Street, Apt. Number) <b>2105 21ST COURT, JUPITER, FL 33477</b>	(City) <b>JUPITER</b>	(State) <b>FL</b>	(Zip) <b>33477</b>
Business Address (Name, Street) <b>2105 21ST COURT, JUPITER, FL 33477</b>	(City) <b>JUPITER</b>	(State) <b>FL</b>	(Zip) <b>33477</b>
D.V. Number, State <b>L460674679230 / FL</b>	So. Sec. Number	INS Number	Place of Birth (City, State) <b>CARACAS, Venezuela</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
Name (Last, First, Middle)				Residence Phone
Address (Street, Apt. Number)				Business Phone
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Held/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.				Grade
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No				Value of Property

Drug Activity S. Sell N. N/A P. Possess	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. Synthetic	U. Unknown Z. Other
Charge Description <b>DUI - BAC/BRAC OVER .15 - OR - MINOR IN VEHICLE</b>					State Violation Number <b>316.193(4)</b>	Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Copies Number		Bond	
	<b>N</b>			<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				

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 type="checkbox"/> Postal Bond <input type="checkbox"/> South County Mental Health					<input checked="" type="checkbox"/> T.O.T. County Jail					
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) <b>North County PALM BEACH GARD</b> Court Date and Time <b>05/05/2021 08:30:00</b>					
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.					No Photo Available					
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed					

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	Name of Arresting Officer (Print) <b>MCGILlicuddy, STEVEN</b>	(PRINT)
Judge Deputy <b>Dennis 6920</b>	Transporting Officer <b>S. MCGILlicuddy</b>	Witness here if subject signed with you
Pouch #	I.D. # <b>388</b>	Agency <b>JUPITE</b>

J# 0522309

# 2878

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number \_\_\_\_\_

Agency ORI Number **FL 0501700** Agency Name **JUPITER POLICE DEPARTMENT** Agency Report Number **5 | 4 | 21-001089**

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Special Notes: \_\_\_\_\_

Name (Last, First, Middle) **LAWLER, PAMELA NORTON** Alias \_\_\_\_\_ Race **W** Sex **F** Date of Birth **11/23/1967**

Charge Description **316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE**

Victim's Name (Last, First, Middle) **State Of Florida** 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 28 day of March, 2021 at 21:43 (Specifically include facts constituting cause for arrest.)

On 3/28/2021 at approximately 2143 hrs I was on patrol west bound on Donald Ross approaching N Central Boulevard. I observed a blue Hyundai bearing FL tag 122-RAG (VEHICLE-1) make an illegal right on red north bound on N Central Boulevard. Upon making the turn, the vehicle immediately moved to the far left lane and did not stay in the lane the turn was made from. I followed the vehicle as it entered the downtown Abacoa area. I observed the vehicle run the west facing stop sign at Main Street and Crescent Drive. I then conducted a traffic stop on the vehicle and made contact with the driver and sole occupant, Pamela Lawler (DEFENDANT).

Upon making contact with and speaking to Ms. Lawler, I detected a strong odor of unknown alcoholic beverage emitting from her person, which intensified as she spoke. She had glassy bloodshot eyes and spoke with slurred speech. I asked Lawler how much she had to drink tonight and she stated "not much". I asked how much was not much and she stated that she had "one drink at home a long time ago". Lawler then attempted to hand me a credit card and I corrected her and asked for her license. I returned to my vehicle and conducted a records check on Lawler. Once my backup arrived I returned to the vehicle and asked Lawler again about how much she had to drink. She again stated that she had one glass of wine. I advised Lawler that I wanted to make sure that she was OK to drive. She agreed at this time to participate in field sobriety exercises, the result of which are as follows:

- HORIZONTAL GAZE NYSTAGMUS (HGN)**
- No resting nystagmus in either eye
  - Equal pupil size and tracking
  - Lack of smooth pursuit in both eyes
  - Distinct and sustained nystagmus at maximum deviation in both eyes
  - Onset of nystagmus prior to forty-five degrees in both eyes
  - No vertical nystagmus in either eye
  - 6 of 6 clues

SWORN AND SUBSCRIBED BEFORE ME

*T. Leahy*  
NOTARY PUBLIC / CLERK OF COURT / OFFICE OF STATE CLERK OF FLORIDA  
03/29/2021  
DATE

*Steven McGillicuddy*  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
**MCGILICUDDY, STEVEN (1216)**  
NAME OF OFFICER (PLEASE PRINT)  
03/29/2021  
DATE

PAGE 1 OF 2



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

PBSO CASE # 21-049726 PBSO ZONE 3-14

AGENCY CASE # 21-001089 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2143 DATE 03/28/2021 DAY SUNDAY

SUBJECT'S NAME LAWLER PAMELA N RACE W SEX F  
LAST FIRST MID

HGT 5'5 WGT 150 DOB 11/23/1967

LOCATION MAIN ST/CRESCENT DR

ARRESTING OFFICER'S NAME & ID MCGILICUDDY 388 AGENCY JUPITER PD

DIVISION: RP - TRF

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 2232  
 ARREST TIME 2152

**BREATH RESULTS:**

- 1) .171
- 2) .172
- 3) N/A
- 4) N/A

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

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: 21-001089

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: OFC NOBLE

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: BACKUP ON STOP

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 \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

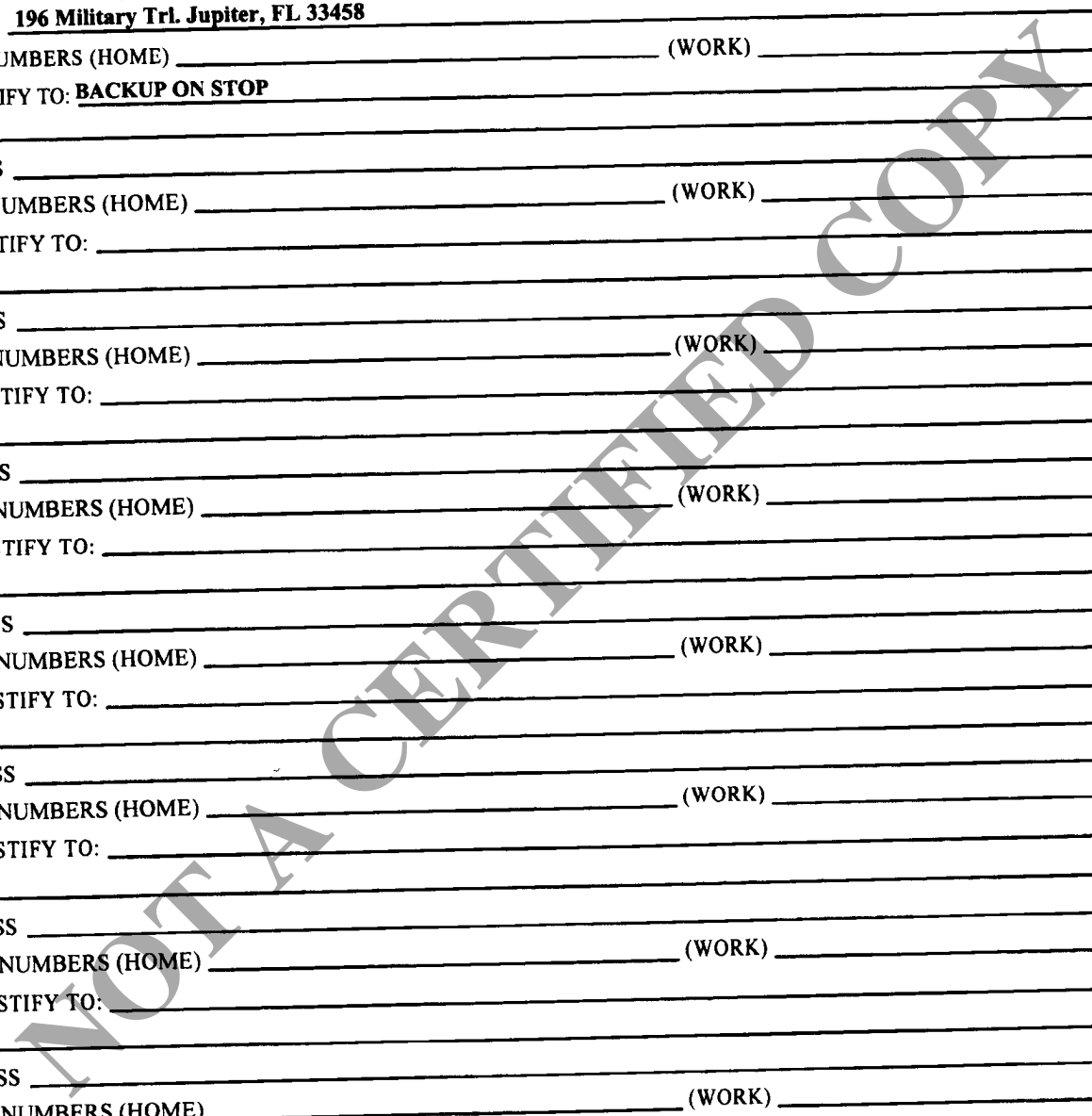
CAN TESTIFY TO: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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



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: 03/28/2021

Date of Last Agency Inspection: 03/12/2021  
Observation Period Began: 22:32  
Subject's Name: PAMELA N LAWLER

DOB: 11/23/1967 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	22:57
	Air Blank	0.000	22:58
	Control Test	0.080	22:58
	Air Blank	0.000	22:59
	Subject Sample #1	0.171	23:00
	Air Blank	0.000	23:00
	Air Blank	0.000	23:02
	Subject Sample #2	0.172	23:03
	Air Blank	0.000	23:03
	Control Test	0.078	23:04
	Air Blank	0.000	23:04
	Diagnostics Check	OK	23:04

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 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 Date: 03/28/2021  
Signature

Sworn to (or affirmed) before me this 28 day of March, 2021  
M J S of S McGillicuddy #388  
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: JPD

SUBJECT: Lawler, Pamela N

CASE NUMBER: 21-049726

DATE: Mar 28, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2255

ENDING TIME: 2307

BREATH TESTS RESULTS: 1) .171 TIME 2300 A.M.  P.M.  2) .172 TIME 2303 A.M.  P.M.

3) n/a TIME 0 A.M.  P.M.  4) n/a TIME 0 A.M.  P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: thick

ATTITUDE: cooperative, talkative

CLOTHING: yellow/blue/red dress, brown flip flops

MEDICAL CONDITIONS: none

MEDICATIONS: none

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath  
subject stated she had 1 drink with dinner & 2 glasses of Chardonnay at bar

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2232 hrs  
subject agreed to perform breath test  
A/O read rights & subject understood rights  
tech read breath test results & subject understood breath test results  
A/O did not attempt Q&A

SUBJECT: Levin, Robert V

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) \_\_\_\_\_

## 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) Robert V. Levin

SUBJECT: Lawrence, [unclear] 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: \_\_\_\_\_



**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: 2021007490	Date: 03/29/2021
	Specialist Name/ID: C. Denzel/8691