

0241221

20CT13703NB

1457

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

Agency ORI Number 0502300	Agency Name North Palm Beach Police Department	Agency Report Number (N.T.A.'s only) 7 0 20-000593
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 NONE	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 1300-BLK US HWY 1, NPB FL 33408		Location of Offense (Business Name, Address) 1300 US HIGHWAY 1 BLK, NORTH PALM BEACH, FL 33408
Date of Arrest 10/25/2020	Time of Arrest 23:37	Booking Date 10/25/2020
Booking Time 23:47	Jail Date	Jail Time
Location of Vehicle		
Alias (Name, DOB, Soc. Sec. #, Etc.)		
Name (Last, First, Middle) DI LEO, PHILIP CHRISTOHER		
Alias:		
Race W - White A - American Indian B - Black O - Oriental/Asian S - Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Sex M	Date of Birth 12/16/1968
Height 5'09	Weight 195	Eye Color HAZEL
Hair Color BROWN	Complexion FAIR	Build Medium
Marital Status S	Religion CATHOLIC	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) 240 E RIVER PARK DR, JUPITER, FL 33477	City JUPITER	State FL
Phone (561) 677-0016	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	Address Source VERBAL
Permanent Address (Street, Apt. Number) 240 E RIVER PARK DR, JUPITER, FL 33477	City JUPITER	State FL
Phone (561) 677-0016	Occupation	
Business Address (Name, Street) D400663684560 / FL	City [REDACTED]	State FL
INS Number	Place of Birth (City, State) BROOKLYN, NY,	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"/> Other	Name (Last, First, Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)	Business Phone
City	State	Zip
Notified by: (Name)	Date	Time
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
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Seizure 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 DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED	Statute Violation Number 316.193(1)(A)	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 #
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 #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	
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"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> South County Mental Health	Released By
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) North County PALM BEACH GARD 53410	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.	Court Date and Time 11/19/2020 08:30:00 3188 PGA, BVD	
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed
HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other	(PRINT)
Incident Priority 101 HONKAL 720V	Name of Arresting Officer (Print) PRUDHOMME, D.	ID.# 9889
Transferring Officer PRUDHOMME	ID.# 9889	Agency NPBPD
Witness here if subject signed with aid.	PAGE 1 OF 1	

AM 6:49

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OSTS Number
 Agency ORI Number: **FL 0502300** Agency Name: **NORTH PALM BEACH POLICE** Agency Report Number: **7 | 0 | 20-000593**
 Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
 Special Notes:

Name (Last, First, Middle): **DI LEO, PHILIP CHRISTOHER** Alias: _____ Race: **W** Sex: **M** Date of Birth: **12/16/1968**
 Charge Description: **316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL**

Victim's Name (Last, First, Middle): _____ 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 25 day of October, 2020 at 23:46 (Specifically include facts constituting cause for arrest.)

On 10/25/20 at approximately 2305 hours, I was conducting speed enforcement in the 800 block of US Highway 1, North Palm Beach FL 33408 when I observed a black 2019 Mercedes four-door, FL tag PTQU65, traveling northbound at a high rate of speed. I visually estimated the speed of the vehicle to be approximately 85 mph in a marked 35 mph zone. I activated the front antenna on my vehicle-mounted radar speed measurement device and received an actual speed reading of 86 mph. As I was attempting to catch up to the vehicle, the vehicle was in the left lane closest to the center median. I observed that the vehicle drifted to the left over the yellow fog line and the nearly struck the raised concrete median with the driver's side tires, before jerking to the right and returning to the travel lane. At this point, I activated my emergency lights and conducted a traffic stop on the vehicle in the 1300 block of US Highway 1.

I made contact with the driver and informed him of the reason for the traffic stop. I requested his driver's license, registration, and proof of insurance. The driver provided the items requested and was identified by his Florida driver's license as W/M Philip C Di Leo (12/16/68). Immediately upon making contact with Di Leo, I detected a strong odor of an unknown alcoholic beverage on his breath as he spoke. Di Leo's eyes were red and glassy and his speech was very slurred. I asked Di Leo if he had consumed any alcohol and he stated, "Don't do this to me, I just got out of prison for 20 years."

Based on Di Leo's driving pattern, obvious signs of impairment, and odor of an alcoholic beverage on his breath, I requested Police Officer Prud'Homme respond to the scene to conduct a driving under the influence investigation. The subsequent investigation was turned over to Police Officer Prud'Homme. Di Leo was issued a traffic citation for speed-86 mph in a 35 mph zone (Citation #AD2270E).

SWORN AND SUBSCRIBED BEFORE ME
 Signature: [Signature] PRUDHOMME, DANIEL
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
 DATE: 10/25/2020
 Signature: [Signature] 9794
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
 NAME OF OFFICER (PLEASE PRINT): COUNCIL, ANDREW (9794)
 DATE: 10/25/2020
 PAGE: 1 OF 1

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: 10/26/2020

Date of Last Agency Inspection: 10/16/2020

Observation Period Began: 00:30

Subject's Name: PHILIP C DI LEO

DOB: 12/16/1968 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	00:59
Air Blank	0.000	01:00
Control Test	0.080	01:00
Air Blank	0.000	01:01
Subject Sample #1	0.132	01:01
Air Blank	0.000	01:02
Air Blank	0.000	01:04
Subject Sample #2	0.120	01:04
Air Blank	0.000	01:05
Control Test	0.080	01:05
Air Blank	0.000	01:06
Diagnostics Check	OK	01:06

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 SHARI L O'NEAL, 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: S. O'neal Date: 10-26-20
Signature

Sworn to (or affirmed) before me this 26 day of October, 2020

Paul Paul King ofc. Prud'Homme #9889
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.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25th DAY OF October 2020, AT 2305 AM PM

SUBJECT: Di Leo, Philip, C CASE NUMBER: 20-000593

AGENCY: NORTH PALM BEACH POLICE DEPARTMENT ARRESTING OFFICER: D Prud'Homme 9889

PERSONAL CONTACT

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

PC for Stop: 86mph in 35mph zone, See Police Sergeant Council's Report

OBSERVATION OF DRIVER:

Face/Eyes: Droopy, Bloodshot, Glassy; Red face

DRIVER'S STATEMENTS:

- +In Car: "Yea I'll do whatever you need me to do"
- +Roadsides: "You don't have to do this to me", "I'm a block from my house"
- +BAT:
- +Taylor Warnings Read:
- +Implied Consent Read: Yes

ODORS:

Strong odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred, thick

ATTITUDE: cooperative

CLOTHING: _____

MEDICAL/OTHER: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

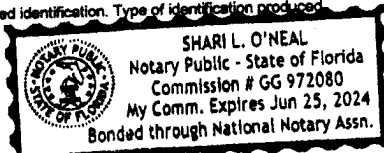
[Signature]
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of October 2020 by D Prud'Homme

Personally Known

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

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



SUBJECT: Di Leo, Philip, C

CASE NUMBER 20-000593

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:

Condition of Eyes: **Droopy, Bloodshot, Glassy**

Observations: **Hands on hips**

WALK & TURN:

- *Lost Balance Broke from starting position 4 times
- *Started Before Instructed- started when instructed
- *Missed Heel to Toe- Did not miss heel to toe on the first or second nine
- *Stepped Off Line- never stepped off line
- *Used Arms for Balance- did not use arms for balance
- *Wrong Number of Steps- correct number of steps up and back
- *Stopped While Performing Task- did not stop walking
- *Improper Turn- Improper turn after first nine (did a reverse turn/pivot)

Other Observations:

ONE LEG STAND:

- *Put Foot Down- Put foot down 3 times between 1009 and 1014
- *Used Arms for Balance-Used arms for balance between 1015 and 1017
- *Swayed- Swayed left to right during the instruction stage
- *Hopped- No

Other Observations: **hands on hips from 1018 to 1024**

ROMBERG ALPHABET:

Di Leo recited the alphabet perfectly. Swayed left to right during the task

FINGER TO NOSE:

- R1- Touched bridge of his nose, held for 5 secs, had to be remind to bring his hand back down
- L1- Finger pad to tip of his nose, held for 3 secs
- R2- Touched bridge of his nose
- L2- Done correctly
- L3- Started to bring his right hand up then switched to his left, placed finger pad to the tip of his nose

BREATH TEST RESULTS: (1) .132 (2) .120 (3) (4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

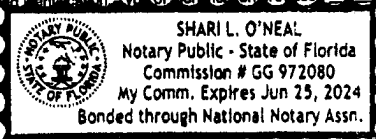
[Signature]
Investigative Officer

to foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of October 20 20 by D Prud'Homme

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

Personally Known

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



TESTING FACILITY TASK REPORT

AGENCY: NPPD OFC. PRUD'HOMME #9889

SUBJECT: DI LEO, PHILIP CHRISTOPHER

CASE NUMBER: 20-120328

DATE: 10-26-20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0023 HRS

ENDING TIME: 0108 HRS

BREATH TESTS RESULTS: 1) .132 TIME 0101 A.M. P.M. 2) .120 TIME 0104 A.M. P.M.

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

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CALM, COOPERATIVE, TALKATIVE

CLOTHING: SHIRT- GRAY PANTS- DRK BLUE JEANS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE/ ALLERGIC TO PENICILIN

MEDICATIONS: MED. FOR BLOOD PRESSURE

OTHER:

EYES: VERY RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O PRUD'HOMME #9889
A/O REQUESTED THE BREATH TEST ON CAMERA.
D SUBMITTED TO THE BREATH REQUEST.
D ASKED WHAT HAPPENS IF HE DID NOT SUBMIT.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D UNDERSTOOD THE I/C AS READ.
D EVENTUALLY DECIDED TO SUBMIT TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPLAINED THE RESULTS TO THE D.
C/W READ ON CAMERA.
D REFUSED Q&A.

DUI WITNESS LIST

Arresting Officer: D Prud'Homme 9889 Email: dprudhomme@village-npb.org
Agency Address: 560 US Hwy 1 NPB, FL 33408 Phone: 561-848-2525

Can Testify To: Events of case

Backup Officer(s): Police Sergeant Council

Agency Address: 560 US Hwy 1 NPB, FL 33408 Phone: 561-848-2525

Can Testify To: Events of case

Breathalyzer Technician: S O'Neal ID# 6212 Agency: PBSO

DRE: _____ Agency Case #: _____

Agency Address: _____ Phone: _____ Email: _____

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

NOT A CERTIFIED COPY

QUESTIONS AND ANSWERS

PLEASE ANSWER ALL QUESTIONS WITH THESE RIGHTS IN MIND. YOU MAY STOP AT ANY TIME.

WHAT TIME OF THE DAY WAS IT AT THE TIME OF THE STOP/ACCIDENT?

WHAT TIME WERE YOU STOPPED?

WHERE DID YOU START?

WHAT TIME IS IT NOW?

WHAT DAY OF THE WEEK IS IT?

WHAT TIME ARE YOU NOW?

WHAT DID YOU DO?

HOW LONG HAVE YOU BEEN WORKING LAST THREE HOURS?

HAVE YOU BEEN DRINKING? WHAT?

WITH WHAT?

AND YOUR LAST DRINK?

ARE YOU UNDER THE INFLUENCE?

HAVE YOU COMPLETED YOUR REPORT ON THE ACCIDENT? HOW MUCH?

WHEN?

WHEN DID YOU LAST WORK?

WHAT?

WHAT'S WRONG?

DO YOU EMPLOY? DID YOU RECEIVE A REPORT ON THE ACCIDENT?

WERE YOU IN AN ACCIDENT TODAY?

WHAT TIME OF THE DAY WAS IT OR STOPPED IN CALIFORNIA TODAY?

WHO?

WHAT?

DO YOU WEAR CONTACT LENSES?

WHAT TYPE?

DO YOU WEAR GLASSES? WHAT TYPE?

DO YOU WEAR CONTACT LENSES? WHAT TYPE?

DO YOU WEAR CONTACT LENSES? WHAT TYPE?

DO YOU WEAR CONTACT LENSES? WHAT TYPE?

[Handwritten signature and notes]

CASE NUMBER

CONFIDENTIAL

PLEASE PRINT NAME TO THE TYPE OF TEST

OR

OR

PLEASE PRINT ONLY IN THE SPACE PROVIDED BELOW

of the

Reda Larce

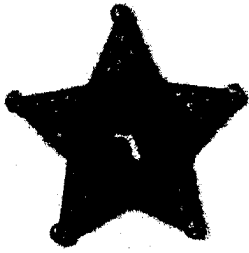
INTERNATIONAL WARNINGS

I AM REQUIRED TO WARN YOU OF THE FOLLOWING: IN ANY STATE WHERE YOU ARE

1. You have the right to remain silent and answer any questions.
2. Anything you say can be used against you in court.
3. You have the right to stop answering questions at any time.
4. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford a lawyer.
5. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford a lawyer.
6. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford a lawyer.

GA

GOLD JAIL



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



PBSO CASE # 20-120328 PBSO ZONE 3-13

AGENCY CASE # 20-000593 CRASH CASE # _____

TIME OF STOP/CRASH 2305 DATE 10/05/2020 DAY Sunday

SUBJECT'S NAME Di Leo Phillip C RACE W SEX M
LAST FIRST MID

HGT 5'09 WGT 195 DOB 12/16/1968

LOCATION 1300-Blk US Hwy 1 NPB, FL 33408

ARRESTING OFFICER'S NAME & ID D Prud'Homme 9889 AGENCY NPBPD

DIVISION: Patrol NOTIFIED BY COMMO

ARRIVAL AT FACILITY 0030

ARREST TIME 23:37

BREATH RESULTS:

- 1) .132
- 2) .120
- 3) _____
- 4) _____

BREATH TEST OPERATOR: 6212

NOT A CERTIFIED COPY



**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: 2020025182	Date: 10/26/2020
	Specialist Name/ID: T Howard/7185