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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	01	Juvenile	N		
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-20-123904						
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type			
2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>		1. Yes <input type="checkbox"/>		2. No <input type="checkbox"/>			
Location of Arrest (Including Name of Business) 11000 Block of Hagen Ranch Rd, Boynton Beach, FL 33437		Location of Offense (Business Name, Address) 11000 Block of Hagen Ranch Rd, Boynton Beach, FL 33437									
Date of Arrest 11/05/2020	Time of Arrest 12:50	Booking Date 11/05/2020	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Partain, Robbie, Jo					Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W F	Date of Birth 9/29/1961	Height 5'04	Weight 120	Eye Color Hazel	Hair Color Blue	Complexion Light	Build Slim			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Twelve bird on right ankle					Martial Status Single	Religion BAPTIST	Indication of: Alcohol influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) 5450 Royal Palm Beach Blvd, West Palm Beach, FL 33411			(City)	(State)	(Zip)	Phone (561) 301-7774	Residence Type: 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 02				
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source Drivers License				
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation				
D/L Number, State P635730618498, FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) Eldorado, IL		Citizenship U.S.			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Parent Name (Last) (First) (Middle)		Residence Phone		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		OR			
Legal Custodian											
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	
Charge Description DUI w/ Prop Damage		Counts 01	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(3)(c)(1)		Violation of ORD #					
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-123904	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996											
Court Date and Time Month December Day 3 Year 2020 Time 8:30 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 11/05/2020					
HOLD for other Agency Name		Signature of Arresting Officer			Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S Ryan Dalton #32421			I.D. #			(PRINT)			
Inmate Deputy		Pouch #	Transporting Officer D/S Ryan Dalton 32421		ID # 32421	Agency PBSO		Witness here if subject signed with an "X"			

SCANNED

NOV 06 2020

PALM BEACH COUNTY SHERIFF'S OFFICE - SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 20-123904	ZONE: 6-52	SUSPECT: Robbie Partain	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 11/5/20 11:35
EVENT TYPE: DUI	DEPUTY: R. Dalton	ID#: 32421	

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: ESTRADA	FIRST NAME: GEORGE	MIDDLE INITIAL:	RACE: W	SEX: M
DATE OF BIRTH: 07/28/1946 <small>(MM/DD/YYYY)</small>	YOUR HEIGHT: 5'5"	YOUR WEIGHT: 210	YOUR HAIR COLOR: WHITE	YOUR EYE COLOR: BROWN
YOUR HOME ADDRESS: 11177 ASPEN GLEN DR	<input type="checkbox"/> CHECK IF HOMELESS	CITY: BOYNTON BEACH	STATE: FL	ZIP: 33437
YOUR WORK NAME & ADDRESS:	<input checked="" type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (813)-558-1111	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: g.estrada@ymail.com	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME: GEORGE ESTRADA	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>WAS DRIVING NORTH IN LEFT LANE OF HAGEN RANCH RD. WAS HIT ON REAR OF VEHICLE ON PASSENGER SIDE. VEHICLE WAS UNLAWFUL PICKUP TRUCK. I PULLED OFF TO SHOULDER OF ROAD. EXITED MY VEHICLE. DRIVER WAS EXITING TRUCK AND FELT I ASKED IF SHE WAS OK. SHE SAID SHE DIDN'T KNOW. I ALSO ASKED HOW SHE DIDN'T SEE ME. SHE SAID SHE DIDN'T KNOW. WHEN SPEAKING TO 911 I EXPRESSED SHE OVER HEARD ME AND SHE MIGHT BE SHE FELL ASLEEP A FEW MINUTES LATER</p>	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: [Signature]	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 11/5/2020 TIME: 7:50 SIGNATURE: [Signature] ID: 72421

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 05 DAY OF November 2020, AT 11:35 AM PM

SUBJECT: Partain, Robbie, Jo CASE NUMBER: 20-123904

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Ryan Dalton #32421

PERSONAL CONTACT

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

hours I was dispatched to a two-vehicle crash near the 11000 Block of Hagen Ranch Rd, in unincorporated Boynton Beach, Palm Beach County. The caller advised that he had been in a collision and the female driver of the other vehicle appeared impaired and was falling when they exited the vehicle. Geoffrey Ostroff was identified via his Florida DL as the driver of the victim vehicle (Honda). He pointed out the driver of the Dodge, a white female with blonde hair who was still on scene. He stated that she was the sole occupant of the vehicle that had collided with him and that he had observed her getting of the driver's seat/side. The female he pointed out was identified via her Florida drivers license as Ms. Robbie Partain. Mr. Ostroff also said that he had observed Ms. Partain staggering and falling after she had exited the vehicle. Also, when he was on the phone with dispatch to report the incident, he referenced that she appeared impaired. According to Mr. Ostroff, when she overheard him saying that to dispatch, she remarked that she "might be."

OBSERVATION OF DRIVER:

As I interacted with Ms. Partain, I observed that she appeared very unsteady on her feet. She staggered as she walked and used the vehicle to lean on. I removed my mask and could smell the strong odor of an unknown alcoholic beverage coming from her breath as she spoke to me. Her eyes appeared bloodshot and water. Her speech also seemed to be slurred as she spoke to me. When she was looking for her vehicle registration she rifled through a large box of paperwork on the passenger seat and kept forgetting what she had been asked to provide. She repeated herself several times and had a difficult time focusing and responding to the CSA's questions. Once CSA Hilton informed me that her crash investigation was complete, I notified Ms. Partain and explained that I would be conducting a criminal investigation for due, based off the indicators of impairment that I had observed. I thoroughly explained why I reading her Miranda and that I was conducting a criminal investigation; she acknowledged that she understood. I then asked if she would perform field sobriety exercises, to which she confirmed that she would. The area where said exercises were performed was level, clear of debris, and had a clearly marked line that I placed down using duct tape.

DRIVER'S STATEMENTS:

Post Field sobriety exercises (and post Miranda) she admitted to drinking a small bottle of wine.

ODORS:

Strong odor of an unknown alcoholic beverage coming from her mouth/breath area.

GENERAL OBSERVATIONS

SPEECH: Slurred/mumbled

ATTITUDE: Polite

CLOTHING: Jean shorts, blue shirt, brown boots

MEDICAL/OTHER: Stated that she takes medication for blood pressure.

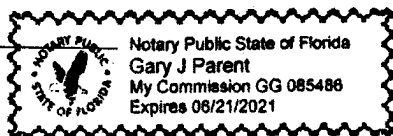
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Ryan Dalton #32421
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 05 day of November 2020 by D/S Ryan Dalton #32421

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

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



SUBJECT: Partain, Robbie, Jo

CASE NUMBER 20-123904

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:

During the course of this exercise I also observed that she swayed while standing, her eyes remained bloodshot/water, and that she had a very difficult time following instructions. She repeatedly moved her head or would stop looking at the light entirely.

WALK & TURN:

The next exercise Ms. Partain attempted was the Walk & Turn. I explained and demonstrated the exercise to Ms. Partain until she confirmed that she understood. During the course of the exercise I observed the following clues of impairment: she attempted to begin before being instructed to do so; she was unable to maintain her balance while listening to the instructions; she stepped off the line; she missed heel-to-toe on several steps; she took the incorrect number of steps in each direction; and she improperly performed the turn-around.

ONE LEG STAND:

The next exercise I asked Ms. Partain to perform was the One Leg Stand. I explained and demonstrated the exercise until she acknowledged that she understood. Once the exercise began I observed the following clues of impairment: Ms. Partain swayed while balancing; she put her foot down repeatedly, and raised her arms away from her side to regain balance. On multiple attempts she nearly fell over or would improperly perform the exercise (i.e. bent knee, feet not together, etc). Ms. Partain only got to 15 seconds by the end of the 30 second timed exercise. She had a very difficult time following my instructions even though I repeatedly instructed, demonstrated, and explained it. Each time with her saying that she understood and had no questions.

FINGER TO NOSE:

I then asked Ms. Partain to perform the Finger-to-Nose task. I demonstrated and explained this exercise several times until she indicated that she understood the instructions and had no questions. During her attempt at the exercise I observed that she missed her nose on multiple attempts; she swayed while standing; and she used the wrong hand on one attempt.

MODIFIED ROMBERG:

The last exercise Ms. Partain was asked to perform was the Modified Rhomberg exercise. For this exercise she was asked to estimate the passage of 30 seconds in her head, as she tilted her head back with her eyes closed. During her attempt at the exercise I observed that she continued to exhibit an orbital sway and she indicated to stop at approximately 36 seconds.

BREATH TEST RESULTS: (1) (2) (3) (4)

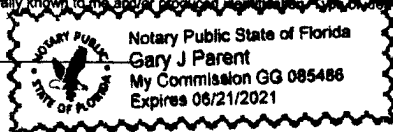
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Ryan Dalton #32421
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 05 day of November 2020 by D/S Ryan Dalton #32421

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

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



WITNESS LIST

CASE NUMBER: 20-123904

ARRESTING OFFICER: D/S Ryan Dalton #32421

ADDRESS: PBSO District 6 - 7894 S. Jog Road Lake Worth, FL 33467

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4860

CAN TESTIFY TO: Field sobriety, arrest, breath test

NAME: CSA Hilton #7020

ADDRESS: PBSO District 6 - 7894 S. Jog Road Lake Worth, FL 33467

PHONE NUMBERS (HOME) _____ (WORK) (561) 688-4860

CAN TESTIFY TO: Crash investigation

NAME: Geoffry Ostroff

ADDRESS 11177 Aspen Glen Dr, Boynton Beach FL 33437

PHONE NUMBERS (HOME) 215 681-5528 (WORK) _____

CAN TESTIFY TO: Crash/ wheel witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

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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: _____

NOT A CERTIFIED COPY

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 glassy and bloodshot, odor of an unknown alcoholic beverage on breath.

COMMENTS:

Arrived at Center A/O began the 20 minute observation period at 1349 hrs.
Subject agreed to take test.

Tech. read test results.
Subject stated she understood test results.

A/O stated rights were read at scene and read rights again.
Subject stated she understood rights

A/O attempted Q/A.
Subject refused 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: 80-006477 Software: 8100.27
Date of Test: 11/05/2020

Date of Last Agency Inspection: 10/16/2020
Observation Period Began: 13:49
Subject's Name: ROBBIE J PARTAIN

DOB: 09/29/1961 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	14:18
	Air Blank	0.000	14:18
	Control Test	0.080	14:18
	Air Blank	0.000	14:19
	Subject Sample #1	0.126	14:20
	Air Blank	0.000	14:21
	Air Blank	0.000	14:22
	Subject Sample #2	0.122	14:23
	Air Blank	0.000	14:24
	Control Test	0.079	14:24
	Air Blank	0.000	14:25
	Diagnostics Check	OK	14:25

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 GARY J PARENT, 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: 11/05/20
Signature

Sworn to (or affirmed) before me this 05 day of November, 2020

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida D/S R. DALTON

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 – 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: 2020026157	Date: 11/06/2020
	Specialist Name/ID: C. Anastasi/#21908