

0527573

50-2021-CT-019708-ANB

3443

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

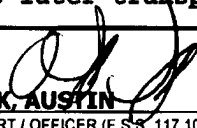
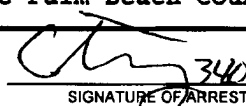
A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1		JUVENILE			
	0501700		Jupiter Police Department		5 4 21-004177											
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		If Weapon Seized Enter Type		Multiple Clearance Indicator							
	4001 DONALD ROSS RD/S ALT A1A JUPITER		4001 DONALD ROSS RD/S ALT A1A, JUPITER, FL 33410		UNARMED											
D E F E N D A N T	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle			
	11/25/2021		03:25													
	Name (Last, First, Middle) DELEON, ROBERT II															
	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)															
C O D E	Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color			
	W - White B - Black O - Oriental/Asian		W M		10/30/1971		5'09		205		BROWN		BROW			
	Complexion		Build		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>					
	LIGHT		Large		M		OTHER									
I N V E N I L E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)															
	Local Address (Street, Apt. Number)				(City)				(State)				(Zip)			
	7638 PRESIDIO CREEK, BOERNE, TX 78015															
	Permanent Address (Street, Apt. Number)				(City)				(State)				(Zip)			
C H A R G E	7638 PRESIDIO CREEK, BOERNE, TX 78015															
	Business Address (Name, Street)				(City)				(State)				(Zip)			
	D/L Number, State				Soc. Sec. Number				INS Number				Place of Birth (City, State)			
C H A R G E	10622330 / TX												SAN ANTONIO, TX, US			
	Co-Defendant Name (Last, First, Middle)				Race				Sex				Date of Birth			
	Co-Defendant Name (Last, First, Middle)				Race				Sex				Date of Birth			
C H A R G E																
	Parent <input type="checkbox"/> Other: <input type="checkbox"/> Name (Last, First, Middle)															
	Legal Custodian <input type="checkbox"/> Address (Street, Apt. Number)				(City)				(State)				(Zip)			
C H A R G E	Notified by: (Name)				Date				Time				JUVENILE DISPOSITION			
													1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
	Released To: (Name)				Relationship				Date				Time			
C H A R G E	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.															
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				Value of Property							
C H A R G E	Drug Activity				S. Sell				R. Smuggle				K. Dispose/Distribute			
	N. N/A				B. Buy				D. Deliver				M. Manufacture/Produce/Cultivate			
	P. Possess				T. Traffic				E. Use				Z. Other			
C H A R G E	Drug Type				B. Barbiturate				H. Hallucinogen				P. Paraphernalia/Equipment			
	N. N/A				C. Cocaine				M. Marijuana				U. Unknown			
	A. Amphetamine				E. Heroin				O. Opium/Deriv.				Z. Other			
C H A R G E	Charge Description				Statute Violation Number				Violation of ORD #							
	DUI - NORMAL FACULTIES IMPAIRED				316.193(1)(A)											
	Drug Activity				Drug Type				Amount / Unit				Offense #			
	N								/							
C H A R G E	Charge Description				Statute Violation Number				Violation of ORD #							
	Drug Activity				Drug Type				Amount / Unit				Offense #			
C H A R G E	Charge Description				Statute Violation Number				Violation of ORD #							
	Drug Activity				Drug Type				Amount / Unit				Offense #			
I N T A K E	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"/> T.O.T. County Jail				PROPERTY - Received By				Released By				Released To			
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health															
	Transported By				Date Transported				Time Transported				Other			
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)											
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court				North County PALM BEACH GARD											
	but must comply with instructions on Page 2.				Court Date and Time				12/29/2021 08:30:00							
	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.															
A D M I N	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"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print)				(PRINT)							
A D M I N	FANDREY, CHRISTOPHER				I.D. #				1182							
	Transporting Officer				Schröderbeck				I.D. #				310 JPD			
	Witness here if subject signed with an															

☒ COURT ☐ STATE ATTORNEY ☒ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ I.D. # ☐ DEFENDANT

A. SCHNADERBECK

NOV 26 11:54:49
 NOV 26 11:54:49
 NOV 26 11:54:49

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
ADMINISTRATIVE	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-004177				
	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		Special Notes:				
DEFENSE	Name (Last, First, Middle) DELEON, ROBERT II				Race W		Sex M		Date of Birth 10/30/1971
	Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED				Charge Description				
CHARGES	Charge Description				Charge Description				
	Charge Description				Charge Description				
VICTIM	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		
<p>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.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>25</u> day of <u>November</u>, <u>2021</u> at <u>03:25</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 11/25/2021 at approximately 0302hrs I was dispatched to a driver passed out behind the wheel call located at Donald Ross Rd and S Alt AlA, Jupiter, Palm Beach County, Florida. While enroute, Northcom advised that a male was slumped over the wheel stopped at the light facing west bound.</p> <p>Upon arrival to the area, I was in full police uniform with my department issued Axon BWC activated which clearly identified myself as a Jupiter Police Officer. I observed a silver ford SUV bearing TX Tag PSJ4480 in the middle lane stopped at the stop bar. I activated my rear emergency lights to warn other drivers that I was stopped in the middle lane. I then approached the driver side of the vehicle and noticed a white male passed out behind the wheel with the vehicle running. I noticed the male driver, who was later positively identified to be WM Robert Deleon II (10/30/1971), was breathing. I attempted to wake up the driver by knocking on the window with my hand and with my flashlight but both yielded negative results. Other Jupiter Police Officers arrive on scene and placed a marked Jupiter Police Department patrol vehicle in the front of Deleon's vehicle to prevent the vehicle from rolling forward and potentially into oncoming traffic.</p> <p>Further attempts to wake up Deleon were made and eventually shaking the vehicle back and forth caused him to wake up. Deleon eventually unlocked the door and placed the vehicle into park after having some difficulties. Once the door was opened, I immediately noticed the strong odor of an unknown alcoholic beverage coming from the vehicle. I asked Deleon how much he had to drink tonight and he continually avoided the question. Deleon stated he was coming from "Kirby's" and was on the way home. Deleon denied having any immediate medical issues. Deleon had slurred speech and avoided questions about drinking. At this point I asked Deleon to exit the vehicle and he complied. Deleon was also unsteady on his feet and was swaying while standing still.</p>									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SCHNADERBECK, AUSTIN</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>11/25/2021</u></p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>FANDREY, CHRISTOPHER (1182)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>11/25/2021</u></p> <p>DATE</p> </div> </div>									

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-004177			
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<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			
Name (Last, First, Middle) DELEON, ROBERT II				Race W	Sex M	Date of Birth 10/30/1971	
<p>Deleon eventually admitted to drinking and stated he had 1-2 beers tonight. Deleon stated that he was at a 3 on a scale of 1-10 with 1 being completely sober and 10 being the most drunk he has ever been in his life. Deleon stated that he did not feel the effects of the alcohol and felt ok to be driving a vehicle. Based upon my observations of Deleon, statements made, and the totality of the circumstances, I believed Deleon may be too impaired to safely operate a motor vehicle. I requested that Deleon conduct Standardized Field Sobriety Tasks (SFSTs) to help determine if he was ok to be driving. Deleon initially refused because he did not want to incriminate himself. I advised Deleon that his refusal could be used against him in any criminal proceeding and he would be forcing me to make a decision on if I believed he was too impaired to be driving based upon my investigation to this point. Deleon agreed to perform SFSTs.</p> <p>Deleon stated he was under the care of a doctor because he had back surgery about a year ago and initially stated it could cause him issues with SFSTs but did not elaborate when asked. Deleon stated he did not have any issues with his eyes and did not wear glasses or contacts.</p> <p>During the Horizontal Gaze Nystagmus Task, Deleon was swaying. During the instructions I asked Deleon to place his finger on the red light on my red pen light and he asked which light, as if there were two lights. Deleon tried to touch both lights, however it was only one light. Deleon failed to keep his head still during the task.</p> <p>During the Walk and Turn, Deleon failed to maintain the starting position and had to be reminded to return to that position. Deleon eventually stated he understood the instructions and when told to begin he paused and asked about the task. Deleon eventually began the task and missed heel to toe several times and stepped off the line several times. Deleon did not turn around as instructed and did not complete the appropriate amount of steps. Deleon also used his arms for balance. While walking back Deleon stopped and I asked him if he was done. Deleon stated he was and refused to continue with the tasks. Deleon was again reminded of his Taylor Warnings and again refused to complete SFSTs.</p> <p>At this point, based off my entire investigation I developed probable cause to arrest and charge Deleon with DUI pursuant to Florida State Statutes. Deleon was placed into handcuffs which were double locked and checked for spacing. Deleon was searched prior to being placed into the back seat of my patrol vehicle. Deleon was asked on the roadside if he would be willing to perform a lawful breath test for the purposes of determining the alcohol content and he refused. Deleon was read implied consent and stated he understood before again refusing to provide a lawful test of his breath.</p> <p>Deleon was secured in the back seat of my patrol vehicle and later transported to the Jupiter Police Department Holding Facility while the appropriate booking paperwork was completed. Deleon was later transported to the Palm Beach County Jail and turned over to</p>							
SWORN AND SUBSCRIBED BEFORE ME  SCHNADERBECK, AUSTIN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 11/25/2021 DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FANDREY, CHRISTOPHER (1182) NAME OF OFFICER (PLEASE PRINT) 11/25/2021 DATE			
				PAGE 2 OF 3			

A D M I N I S T R A T I V E		OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-004177							
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		Name (Last, First, Middle) DELEON, ROBERT II		Alias		Race W		Sex M		Date of Birth 10/30/1971			
		the booking staff.											
		NOT A CERTIFIED COPY											
		SWORN AND SUBSCRIBED BEFORE ME											
		SCHNADERBECK, AUSTIN				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER							
		NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				FANDREY, CHRISTOPHER (1182)							
		11/25/2021				NAME OF OFFICER (PLEASE PRINT)							
		DATE				11/25/2021							
						DATE							
		PAGE 3 OF 3											

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

WITNESS LIST

CASE NUMBER: 21-4177

ARRESTING OFFICER: C Fandrey

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

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: _____

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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: _____

SUBJECT: **Deleon II, Robert**

CASE NUMBER: 21-4177

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 Officer Fandrey of the Jupiter Police Department

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: Read on Camea **Deleon II, Robert**

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: Not Read **Deleon II, Robert**

**STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST**

I, Officer Fandrey, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of Jupiter Police Department, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 25 day of November, 20 21, at 0325 ☐ P.M. ☒ A.M.

DRIVER Robert Deleon II
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # 10622330, state of Texas, was placed under lawful arrest for

the offense of DUI by Officer Fandrey and
(Name of Arresting Officer)
issued citation # _____.

That on or about the 25 day of November, 20 21, at 0328 ☐ P.M. ☒ A.M.

in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

C. Fandrey 340
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

The foregoing instrument was sworn and subscribed before me:

A. J. 310
Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20 _____,
by Officer C Fandrey 340,
who is personally known to me or who has produced
_____ as identification.

Notary Public _____

Title Police Officer
Date 11/25/2021

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the probable
cause affidavit.



**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: 2021029624

Date:

Specialist Name/ID: T Howard/7185