

22mm822SB

0529142

0529142

3490

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N			
Agency ORI Number FLO 500000				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06- 22-030908							
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01					
Location of Arrest (Including Name of Business) 6705 OLD FARM TRL, BOYNTON BEACH FL 33437						Location of Offense (Business Name, Address) 6705 OLD FARM TRL, BOYNTON BEACH FL 33437									
Date of Arrest 01/30/2022		Time of Arrest 2345		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) Daley, Robert, William												Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 12/9/1977		Height 6'05		Weight 235		Eye Color BLU		Hair Color BLND			
Complexion LIGHT		Build LARGE		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Married		Religion CHRISTIAN		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type 1. City 2. County 3. Florida 4. Out of State			
Local Address (Street, Apt. Number) 2606 Garden Dr S Apt 301, Lake Worth, FL 33461						Phone ()		Address Source FL DL		Occupation FINANCE		Citizenship USA			
Permanent Address (Street, Apt. Number) ()						Phone ()		Address Source FL DL		Occupation FINANCE		Citizenship USA			
Business Address (Name, Street) ()						Phone ()		Address Source FL DL		Occupation FINANCE		Citizenship USA			
D/L Number, State D400779774490, FL				Soc. Sec. Number [REDACTED]				INS Number [REDACTED]				Place of Birth (City, State) SALEM, OHIO		Citizenship USA	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Parent Legal Custodian <input type="checkbox"/> Other: <input type="checkbox"/>						Name (Last, First, Middle) [REDACTED]						Residence Phone ()			
Address (Street, Apt. Number) ()						City () State () Zip ()						Business Phone ()			
Notified by: (Name) [REDACTED]						Date [REDACTED]						Time [REDACTED]			
Released To: (Name) [REDACTED]						Relationship [REDACTED]						Date [REDACTED]			
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.						School Attended [REDACTED]						Grade [REDACTED]			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property [REDACTED]						Value of Property [REDACTED]			
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 A. Amphetamine B. Barbiturate C. Cocaine E. Heroin			
H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		Statute Violation Number 316.193(1A)		Violation of ORD #		Bond					
Charge Description Driving Under The Influence						Counts 01		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1A)		Violation of ORD #			
Drug Activity N						Drug Type N		Amount / Unit		Offense # 22-030908		Warrant / Capias Number			
Charge Description RESIST WITHOUT VIOLENCE						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 843.02		Violation of ORD #			
Drug Activity N						Drug Type N		Amount / Unit		Offense # 22-030908		Warrant / Capias Number			
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			
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			
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 03 Day 01 Year 2022 Time 0830 AM <input checked="" type="checkbox"/> PM															
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) [REDACTED]															
Date Signed 01/31/2022															
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Signature of Arresting Officer [REDACTED]				Name Verification (Printed by Arrestee) (PRINT)							
Intake Deputy [REDACTED]				Name of Arresting Officer (Print) D/S N. MACHIN 35654				I.D. # 35654							
Transporting Officer D/S N. MACHIN 35654				ID # 35654				Agency PBSO							
Witness here if subject signed with an "X"															

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF JANUARY 20 22, AT 2325 AM PM

SUBJECT: Daley, Robert, William CASE NUMBER: 22-030908

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S N. MACHIN 35654

PERSONAL CONTACT

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

I was dispatched to the area of 6705 OLD FARM TRAIL, UNINCORPORATED BOYNTON BEACH FL, 33437 in reference to a complainant of SOMEONE SLEEPING BEHIND THE WHEEL OF A VEHICLE THAT WAS RUNNING, IT WAS DISPATCHED AS A MEDICAL CALL AND PALM BEACH COUNTY FIRE RESCUE 44, RUN# 22013808, RESPONDED. The complainant advised dispatch that they saw a LIGHT COLORED STATION WAGON Bearing Fl tag KXNF62 ADVISING DRIVER WAS PASSED OUT AD LIGHTS WERE ON, AND THEY COULD HEAR THE ENGINE RUNNING.

Upon my arrival in the area, I located the defendant SITTING IN THE DRIVER SEAT WITH THE ENGINE RUNNING.

OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by their FL DL as, ROBERT DALEY. I observed that the defendant had red, watery, bloodshot eyes. The defendant had slurred, slowed, lethargic, speech, and the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me.

I asked the defendant to exit the vehicle. The defendant BEGAN TO REPEATEDLY ASK WHAT CRIME HE COMMITTED AND REFUSED TO STEP OUT OF THE VEHICLE

I asked the defendant to perform voluntary roadside tasks. The defendant refused, BY NOT SAYING ANYTHING, so I gave the Taylor Warnings and explained the evidence that I had already observed (red, watery, bloodshot eyes, slurred speech, odor of alcohol, driving pattern, other). I again asked the defendant to complete the voluntary roadside tasks and the defendant refused again, BY NOT SAYING ANYTHING.

I ADVISED THE DEFENDANT THAT HE WAS UNDER ARREST FOR DUI AND HE CONTINUED TO STAY QUIET AND REFUSE TO GET OUT OF THE VEHICLE, D/S D. MARULLO ID# 38866, GRABBED MR. DALEY BY THE ARM AND AROUND THE BACK OF THE NECK, FORCING HIM OUT OF THE VEHICLE, AND ESCORTING HIM TO THE GROUND WHERE HE WAS PLACED IN HANDCUFFS TO THE REAR, CHECKED FOR TIGHTNESS AND DOUBLE LOCKED.

An inventory search of the vehicle was conducted prior to tow per PISO policy. The vehicle was towed by rotation by PRIORITY TOWING to their impound lot.

DRIVER'S STATEMENTS:

Pre Miranda/Sponetenous Utterance:

Post Miranda/Enroute to Bat: I WAS JUST WATCHING THE GAME AT FLANIGANS

At Bat:

ODORS:

I could smell the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from the defendants breath and intensified as he spoke to me.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S N. MACHIN 35654
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 31 day of JANUARY 20 22 by D/S N. MACHIN 35654

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

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



SUBJECT: Daley, Robert, William

CASE NUMBER 22-030908

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:

REFUSED

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

MODIFIED ROMBERG:

REFUSED

BREATH TEST RESULTS:

1)

2)

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

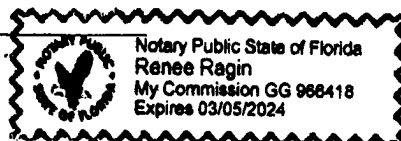
D/S N. MACHIN 35654

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 31 day of JANUARY, 2022, by D/S N. MACHIN 35654

(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: 22-030908

ARRESTING OFFICER: D/S N. MACHIN 35654

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

PHONE NUMBERS (HOME): 561-688-3000 (WORK) 561-688-3000

CAN TESTIFY TO: DUI Investigation

NAME: D/S D. MARULLO 38006

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

PHONE NUMBERS (HOME) 561-688-3000 (WORK) _____

CAN TESTIFY TO: Back Up Officer

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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: _____

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 _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: **PBSO**

SUBJECT: **Daley, Robert W.**

CASE NUMBER: **22 -030908**

DATE: **Jan 31, 2022**

VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **00:59**

ENDING TIME: **01:03**

BREATH TESTS RESULTS: 1) **Refusal** TIME **01:02** A.M. ☒ P.M. ☐ 2) **N/A** TIME **-----** A.M. ☐ P.M. ☐
3) **N/A** TIME **-----** A.M. ☐ P.M. ☐ 4) **N/A** TIME **-----** A.M. ☐ P.M. ☐

BREATH OPERATOR: **R. Ragin #16877**

MAINTENANCE TECHNICIAN: **Jason Karlecke #6467**

TESTING OFFICER'S OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Talkative, agitated, upset**

CLOTHING: **Blue jeans, blue hoodie, gray sneakers**

MEDICAL CONDITIONS: **PTSD**

MEDICATIONS: **Yes**

OTHER:

Eyes are glassy & bloodshot
Odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:35 hrs.

Subject refused to perform breath test.

A/O read I/C.

Subject refused to take test.

A/O read rights.

A/O attempted Q&A.

Subject refused to answer Q&A.

REFUSED

BREATH AND/OR URINE TEST

am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the THIRTIETH day of January, 2022, at 11:45 PM

DRIVER (Type or Print)	ROBERT FIRST	WILLIAM MIDDLE OR MAIDEN	DALEY LAST
---------------------------	-----------------	-----------------------------	---------------

DL # D400779774490, state of FL, was placed under lawful arrest for
the offense of DUI by Deputy Sheriff LE NICODEMUS MACHIN and
issued Citation # AWA81TE
(Name of Arresting Officer)

That on or about the THIRTY-FIRST day of January, 2022, at 1:02 AM
in Palm Beach County.

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended 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 for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

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



The foregoing instrument was sworn and subscribed before me this 31 day of Jan, 20 22 by N. Machin who is personally known to me or who has produced Sheriff 101 as identification.

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

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.

SUBJECT: _____

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) _____

SUBJECT: _____ 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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



**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)
I/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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022002786	Date: 1/31/2022
	Specialist Name/ID: M. Tooks #8557