

20 of 9727 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78- 20005410	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input checked="" 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	Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator
Location of Arrest (including Name of Business) N MILITARY TRAIL/INTERSTATE 95, PBG, FL			Location of Offense (Business Name, Address) N Military Trail / Grandiflora PBG, FL			
Date of Arrest 12/02/2020	Time of Arrest 23:25	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405

Name (Last, First, Middle) MALDONADO, SARA, SANTIAGO		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 05/12/1980	Height 5'7	Weight 162	Eye Color BRO	Hair Color BRO	Complexion MED	Build SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Marital Status SINGLE	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) PO BOX 1950		(City) GUAYAMA	(State) PUERTO RICO	(Zip) 00784	Phone (787) 631-6207
Permanent Address (Street, Apt. Number) COND SKY TOWER 3 HORTENCIA ST #12B, SAN JUAN, PR 00926		(City)	(State)	(Zip)	Phone
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone

D/L Number, State 4363736 PR	Soc. Sec. Number	INS Number	Place of Birth (City, State) PONCE, PR	Citizenship US
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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"/> Legal Custodian <input type="checkbox"/> Other	Name (Last)	(Middle)	Residence Phone
Address (Street, Apt. Number)		(City)	(State)
		(Zip)	Business Phone

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
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. <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
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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 N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
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Charge Description DRIVING UNDER THE INFLUENCE OVER .08	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(C)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number

Charge Description DUI ENHANCED OVER .15	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number

Charge Description FLEE AND ELUD LAW ENFOR LIGHTS AND SIRENS	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.1935(2)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court Room Number, Address)	
TO BE SET	
Court Date and Time	
Month	Day
Year	Time
AM	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

12/02/2020

Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed
HOLD for other Agency Name:	Signature of Arresting Officer AN 92514	Name Verification (Printed by Arrestee) DEC 3 AM 2:05
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Name of Arresting Officer (Print) Ofc. ANDREW FLINK	I.D. # 514	PAGE
Transporting Officer ANDREW FLINK	ID # 514	Agency PBGPD
Witness here if subject signed with an "X"	1 OF 1	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

0519979


2098

PROBABLE CAUSE AFFIDAVIT

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 V E	OBTS Number		Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 20-005410		
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" 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:		
D E F	Name (Last, First, Middle) MALDONADO, SARA SANTIAGO				Alias		Race W	Sex F	Date of Birth 05/12/1980
	Charge Description 316.193(1)(C) DUI - BREATH .08 OR ABOVE				Charge Description 316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN V				
C H A R G E S	Charge Description 316.1935(2) FLEE/ELUDE - MARKED VEHICLE W/LIGHTS &				Charge Description				
	Victim's Name (Last, First, Middle) State Of Florida				Race		Sex	Date of Birth	
V I C T I M	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. 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. <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>2</u> day of <u>December</u>, <u>2020</u> at <u>23:03</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 12/02/2020, at approximately 2303 hours, this Officer arrived in the area of N Military Trail and the north bound entrance ramp to Interstate 95, PBG, FL, to assist Ofc Nelson 516 on a traffic stop. Body worn camera and in car video were used.</p> <p>Ofc Nelson said he observed a black Cadillac utility vehicle (CTIL53/FL) failing to maintain a lane south bound on N Military Trl in the area of Grandiflora Rd, PBG, FL. Ofc Nelson initially initiated a traffic on the vehicle in the area of N Military Trl and Victoria Falls Blvd, PBG, FL. After initial contact with the driver, identified via Puerto Rico Driver License photo, Sara Maldonado (SU), the vehicle which she was in physical control of, started driving south bound on N Military Trl. Ofc Nelson had overhead lights and audible sirens active, as the vehicle continued south bound for over a mile. The vehicle finally pulled over just south of Elm Av. Ofc Nelson was in a marked unit at the time of the incident, which was clearly labeled and easy to identify as a police vehicle.</p> <p>This Officer arrived on scene and made contact with Maldonado while she was still in actual physical control of the vehicle. Maldonado had bloodshot watery eyes, flushed red face, appeared disoriented and had the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. Multiple alcoholic beverages were observed in plain sight inside the vehicle, both in the center console and backseat. NPBPD K9 Ofc Bussek 9868 arrived on scene and assisted with Spanish translation. Maldonado said she was coming from Orlando and was on her way to the Doubletree Hotel. Maldonado denied consuming alcoholic beverages on this night.</p> <p>Based on this Officer's observations, Maldonado was asked to participate in Standardized Field Sobriety Exercises, to which she complied. Maldonado said she did not have any medical conditions which would affect exercises conducted. Once Maldonado was outside of the vehicle, this Officer observed her to walk with an unsteady gait.</p>									
S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME								
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 110.01) <u>12/03/2020</u> DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FRANK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT)				
A D M I N I S T R A T I V E					DATE		DATE		PAGE
					12/03/2020		12/03/2020		1 OF 2

COURT




STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number Agency ORI Number FL 0502600	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies	1	JUVENILE	
Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-005410				
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:		
Name (Last, First, Middle) MALDONADO, SARA SANTIAGO		Alias	Race W	Sex F	Date of Birth 05/12/1980
PROBABLE CAUSE STATEMENT	<p>The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Streamlight Stylus. This Officer observed lack of smooth pursuit in both eyes. This Officer also observed sustained involuntary jerking in both eyes at maximum deviation, as well as the onset of Nystagmus prior to 45 degrees in both eyes. During the exercise, Maldonado was swaying back and forth. Maldonado had Vertical Gaze Nystagmus in both eyes.</p> <p>The next exercise conducted, was the Walk and Turn. The line used, was a strip of yellow tape placed upon the sidewalk by this Officer. During the instructions, Maldonado lost her balance and stepped out of the starting position. During the first set of steps, Maldonado raised her arms more than six inches from her sides. Maldonado missed heel-to-toe on multiple steps and took 14 steps rather than nine. Maldonado then conducted an improper turnaround. During the return set of steps, Maldonado crossed her foot over her planted foot and stepped off the line on the first step. Maldonado then missed heel-to-toe on multiple steps and stepped off the line multiple steps. Maldonado took 13 steps rather than nine.</p> <p>The next exercise conducted, was the One-Leg Stand. During the exercise, Maldonado raised her right foot. Maldonado was swaying and not looking down at her raised foot. Maldonado raised her arms more than six inches from her sides and placed her foot down multiple times.</p> <p>Based on this Officer's observations, Maldonado was placed under arrest at 2325 hours. At the PBSO BAT, this Officer requested Maldonado to provide a breath sample for the purpose of determining its alcohol content, to which she complied. At 0032 hours, she blew .177 and at 0041 hours, she blew .173.</p> <p>Based on the results of the investigation, this Officer has probable cause to prove Sara Maldonado knowingly operated a motor vehicle, in the state of Florida, while under the influence of alcohol, in violation of FSS 316.193(1)(C). The degree to which Maldonado was impaired by alcohol, was in violation of FSS 316.193(4). Lastly, Maldonado evaded law enforcement, which had overhead lights and audible siren active, in violation of FSS 316.1935(2).</p>				
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.3) 12/03/2020 DATE </div> <div style="width: 30%; text-align: center;">  Notary Public State of Florida Paris Pound My Commission GC 20007 Expires 03/25/2022 </div> <div style="width: 30%;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER ELINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 12/03/2020 DATE </div> </div>				
			PAGE 2 OF 2		



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

PBSO CASE # 20-132817 PBSO ZONE 3-13

AGENCY CASE # 20005410 CRASH CASE # _____

TIME OF STOP/CRASH 2253 DATE 12/02/2020 DAY WEDNESDAY

SUBJECT'S NAME MALDONADO SARA SANTIAGO RACE W SEX M
LAST FIRST MID

HGT 5'7 WGT 162 DOB 05/12/1980

LOCATION N MILITARY TRL/INTERSTATE 95, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 00:00

ARREST TIME 23:25

BREATH RESULTS:

1) .177

2) .173

3) - N/A

4) - N/A

BREATH TEST OPERATOR: 24639

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: MALDONADO, SARA S

DATE: Dec 3, 2020

BEGINNING TIME: 00:25

CASE NUMBER: 20-132817

VIDEO DVD NUMBER: N/A

ENDING TIME: 00:44

BREATH TESTS RESULTS: 1) .177 TIME 00:32 A.M. P.M. 2) VNM.15 TIME 00:37 A.M. P.M.
3) .173 TIME 00:41 A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SPANISH SPEAKER

ATTITUDE: TALKATIVE, LOUD

CLOTHING: BLUE JEANS, WHITE TANK TOP, BLUE JACKET, PURPLE BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT
TRANSLATED BY PBSO R. RENEE # 16877
2. VNM.158

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:00 HRS.

SUBJECT: ASKED WHAT HAPPENS IF SHE REFUSED TEST

A/O: READ I/C, ALSO SHOWED I/C SPANISH CARD

SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO TAKE TEST

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

NO RIGHTS OR Q&A CONDUCTED (LANGUAGE BARRIER)

**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: 12/03/2020

Date of Last Agency Inspection: 11/13/2020

Observation Period Began: 00:00

Subject's Name: SARA S MALDONADO

DOB: 05/12/1980 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		00:30
Air Blank	0.000	00:30
Control Test	0.081	00:31
Air Blank	0.000	00:31
Subject Sample #1	0.177	00:32
Air Blank	0.000	00:32
Air Blank	0.000	00:34
Subject Sample #2 VNM*		00:37
Air Blank	0.000	00:38
Air Blank	0.000	00:40
Subject Sample #3	0.173	00:41
Air Blank	0.000	00:41
Control Test	0.077	00:42
Air Blank	0.000	00:42
Diagnostics Check OK		00:42

*Volume Not Met (0.158 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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 PARIS D POUND, 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: 12/03/2020
Signature

Sworn to (or affirmed) before me this 3rd day of December, 2020

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida DR. A. FLICK

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.

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: U.F. Flint # 514



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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020028229	Date: 12/03/2020
	Specialist Name/ID: T Howard/7185