

J# 0517023 2020CT007526 ANB# 3247

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 20-002120		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE	
	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) UNIVERSITY BLVD/MAIN ST						Location of Offense (Business Name, Address) 1261 UNIVERSITY BLVD/MAIN ST, JUPITER, FL 33458					
D E F E N D A N T	Date of Arrest 06/19/2020	Time of Arrest 00:45	Booking Date 06/19/2020	Booking Time 00:55	Jail Date // : :	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) DESANTIS, SHARON RENEE											
	Alias (Name, DOB, Soc. Sec. #, Etc.)											
C O - D E F E N D A N T	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 03/10/1964	Height 5'05	Weight 135	Eye Color HAZEL	Hair Color BLONDE /	Complexion LIGHT	Build DM	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
	Local Address (Street, Apt. Number) 4308 MAIN ST, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (561) 282-7134		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Permanent Address (Street, Apt. Number) 4308 MAIN ST, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (561) 282-7134		Address Source VERBAL		Occupation Self		
J U V E N I L E	Business Address (Name, Street) NONE		(City)	(State)	(Zip)	Phone (561) 282-7134		Occupation Self				
	D/L Number, State D253796645900 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL US		Citizenship			
	Co-Defendant Name (Last, First, Middle)											
C O - D E F E N D A N T	Co-Defendant Name (Last, First, Middle)											
	Name (Last, First, Middle)											
	Residence Phone											
J U V E N I L E	Address (Street, Apt. Number)											
	Business Phone											
	Notified by: (Name)											
C H A R G E	Released To: (Name)											
	Relationship											
	Date											
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.											
	School Attended											
	Grade											
C H A R G E	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 N. N/A P. Possess											
	R. Smuggle D. Deliver E. Use											
C H A R G E	K. Disperse/Distribute											
	M. Manufacture/Produce/Cultivate											
	Z. Other											
C H A R G E	Drug Type											
	N. N/A A. Amphetamine											
	B. Barbiturate C. Cocaine E. Heroin											
C H A R G E	H. Hallucinogen M. Marijuana O. Opium/Deriv.											
	P. Paraphernalia/Equipment S. Synthetic											
	U. Unknown Z. Other											
C H A R G E	Charge Description DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED											
	Statute Violation Number 316.193(1)(A)											
	Violation of ORD #											
C H A R G E	Drug Activity											
	Drug Type N											
	Amount / Unit											
C H A R G E	Offense #											
	Counts											
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N											
C H A R G E	Warrant / Capias Number											
	Bond											
	Violation of ORD #											
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											
	Explain:											
N O T I C E	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail											
	PROPERTY - Received By											
	Released By											
T O A P P E A R	Transported By											
	Date Transported											
	Time Transported											
A D M I N	<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											
A D M I N	Court Date and Time 07/22/2020 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
	Signature of Defendant (or Juvenile and Parent/Custodian)											
A D M I N	Date Signed											
	Signature of Arresting Officer [Signature]											
	Name Verification (Printed by Arrestee) JUN 19 AM 3:10											
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest											
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other											
	Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN											
A D M I N	I.D. # 1216											
	Transporting Officer S. MCGILLICUDDY											
	I.D. # 388											
A D M I N	Agency JUPITE											
	Witness here if subject signed with an "X"											
	SCANNED											

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBT'S Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-002120
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:

Name (Last, First, Middle) DESANTIS, SHARON RENEE	Alias	Race W	Sex F	Date of Birth 03/10/1964
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Charge Description 316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL	Charge Description
Charge Description	Charge Description

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	

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.

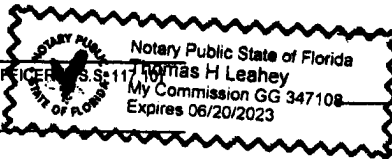


confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

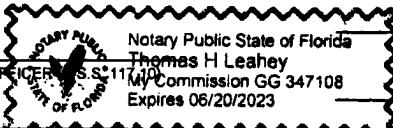


On the **19** day of **June**, **2020** at **00:30** (Specifically include facts constituting cause for arrest.)

On 6/19/2020 at approximately 0030 hrs, I was on routine patrol in the Town Center corridor. During my patrol, I conducted a pace clock in the 1200 block of University Drive, going west bound, on a grey Ford (VEHICLE-1) bearing FL tag JUR-H85. I pace clocked the vehicle at 30 MPH in a 20 MPH zone. I conducted a traffic stop on the vehicle and made contact with the driver and sole occupant, Sharon Desantis (DEFENDANT).

During my initial contact with Desantis I detected that she had red, glassy bloodshot eyes and spoke with slurred speech. I detected a strong odor of unknown alcoholic beverage emitting from her vehicle, which intensified as she spoke. I asked Desantis how much she had to drink and she stated that she had one glass of wine. I asked her to rate herself on a self-evaluation scale from 1-10, with 1 being sober and 10 being the most intoxicated she has ever been, where would she rate herself. She advised me that she was not even a 1. I advised Desantis that based on my concerns from my observations; I wanted to make sure that she was not impaired. I asked her to participate in field sobriety exercises and she agreed. The following are the results:

- HORIZONTAL GAZE NYSTAGMUS (HGN)**
- Equal tracking and pupil size in both eyes
 - Lack of smooth pursuit in both eyes
 - Distinct and sustained nystagmus at maximum deviation in both eyes
 - Onset of nystagmus prior to 45 degrees in both eyes
 - Vertical nystagmus in both eyes
 - 6 of 6 clues
 - Desantis had trouble following the basic instruction of following the stimulus
 - Desantis moved her head to follow the stimulus after being told not to
- WALK AND TURN**
- Lost balance while in starting position

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
 NOTARY PUBLIC / CLERK OF COURT / OFFICER 06/19/2020 DATE		 MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT) 06/19/2020 DATE

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest	3. Request for Warrant	1	JUVENILE
Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		2. N.T.A.	4. Request for Capias		
Agency Report Number 5 4 20-002120		Charge Type: Check as many as apply.		Special Notes:			
<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) DESANTIS, SHARON RENEE		Alias		Race W	Sex F	Date of Birth 03/10/1964	
<p>- Started too soon</p> <p>- Used arms for balance</p> <p>- Missed heel to toe</p> <p>- Improper number of steps (12 up, none back)</p> <p>- Failed to complete exercise, by taking 12 steps up, doing an improper turn, then not returning as instructed</p> <p>- 5 of 8 clues</p> <p>ONE LEG STAND</p> <p>-Put foot down</p> <p>-Used arms for balance</p> <p>-Swayed</p> <p>-3 of 4 clues</p> <p>FINGER TO NOSE</p> <p>1L - Pad to bridge, failed to put finger down</p> <p>2R - Pad to tip, failed to put finger down</p> <p>3L - Tip to tip, failed to put finger down</p> <p>4R - Tip to bridge, correct to tip, failed to put finger down</p> <p>5R - Started left, switched to right, pad to tip, failed to put finger down</p> <p>6L - Pad to tip, failed to put finger down</p> <p>MODIFIED RHOMBERG</p> <p>-Estimated the passage of 30 seconds in 10 seconds</p> <p>Based on my investigation, totality of the circumstances and my observations, I had probable cause to believe that Sharon Desantis had been in actual physical control of a motor vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point where her normal faculties were impaired. I placed Desantis under arrest at 0045 hrs. I then transported Desantis to the Palm Beach County Breath Alcohol Testing (BAT) center, arriving at 0115 hrs. I placed Desantis under a 20 minute observation period, during which I did not observe her consume nor regurgitate anything. We then went on video with BAT Technician Leahy (ID #19183) and I requested that Desantis provide a breath sample. She refused. I then read her implied consent and she refused, with a marked refusal time at 0138 hrs. I read Desantis her Miranda rights and she made it clear that she wanted an attorney, therefore no questions were asked. I placed Desantis in holding while I finished paperwork. I then booked her into the Palm Beach County jail. She was additionally cited for speeding. I issued Desantis a criminal court date of 7/22/2020 at 0830 hrs at the North County courthouse at 0830 hrs. Her vehicle was towed from the scene by North County Towing. BWC.</p>							
SWORN AND SUBSCRIBED BEFORE ME				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		MCGILICUDDY, STEVEN (1216) NAME OF OFFICER (PLEASE PRINT)	
 NOTARY PUBLIC / CLERK OF COURT / OFFICER 06/19/2020 DATE							

WITNESS LIST

CASE NUMBER: 20-002120

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: OFC. C. MORGAN

ADDRESS: 210 MILITARY TRL, JUPITER, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP

NAME: OFC. E. RALEIGH

ADDRESS 210 MILITARY TRAIL, JUPITER, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: BACKUP ON STOP/FEMALE SEARCH

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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: _____

NOT A CERTIFIED COPY



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

PBSO CASE # 20-079469 PBSO ZONE 3-13

AGENCY CASE # 20-002120 CRASH CASE # _____

TIME OF STOP/CRASH 0030 DATE 06/19/2020 DAY FRIDAY

SUBJECT'S NAME DESANTIS SHARON R RACE W SEX F
LAST FIRST MID

HGT 5'5 WGT 130 DOB 3/10/64

LOCATION UNIVERSITY DRIVE/MAIN STREET

ARRESTING OFFICER'S NAME & ID MCGILICUDDY 388 AGENCY Jupiter PD

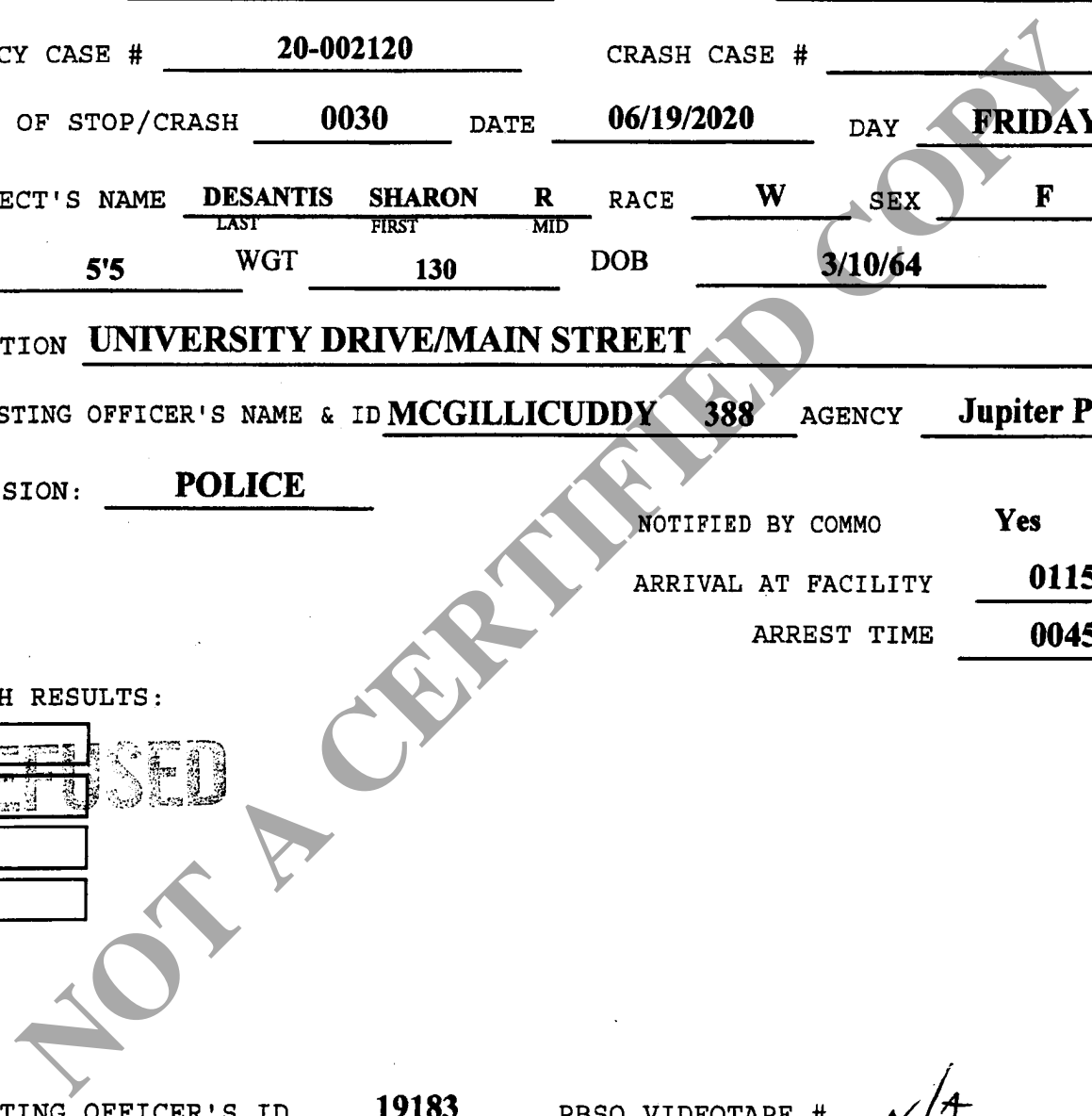
DIVISION: POLICE

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 0115
 ARREST TIME 0045

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A



TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Desantis, Sharon R

CASE NUMBER: 20-079469

DATE: 06/19/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0137

ENDING TIME: 0139

BREATH TESTS RESULTS: 1) R TIME 0138 A.M. P.M. 2) n/a TIME 0 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, calm cooperative

CLOTHING: blue jeans, floral l/s shirt, red shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot

odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0115 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C

subject refused to perform breath test

A/O read rights & subject understood rights

subject invoked right to counsel

A/O did not attempt Q&A

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

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

am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 19TH day of JUNE, 20 20, at 0045 P.M. A.M.

DRIVER SHARON R DESANTIS
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# D253-796-64-590-0, state of FLORIDA, was placed under lawful arrest for

the offense of DUI by Officer MCGILLICUDDY and
(Name of Arresting Officer)

issued Citation # ADB999E

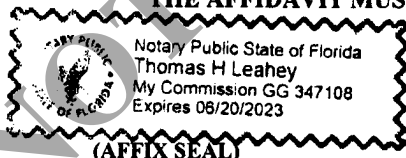
That on or about the 19TH day of JUNE, 20 20, at 0138 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a X 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 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 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 19TH day of JUNE, 20 20,

by Officer MCGILLICUDDY 388,

who is personally known to me or who has produced

POLICE IDENTIFICATION as identification

Notary Public J Lealey

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: De Santos, Steven R 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: _____

SUBJECT: Mounts, Steven R CASE NUMBER: 10010

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 Michael Dyer #338 of the IPD

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) [Signature]

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) [Signature]



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: 2020015092	Date: 06/19/2020
	Specialist Name/ID: T Howard/7185