

21 CT - 2714
 J# 0521542

R# 1006

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Copies		1	Juvenile	N											
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-21-009604																	
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		Multiple Clearance Indicator 01											
Location of Arrest (Including Name of Business) 923 NW 11TH ST, BOYNTON BEACH, FL 33426						Location of Offense (Business Name, Address) 923 NW 11TH ST, BOYNTON BEACH, FL 33426															
Date of Arrest 02/20/2021		Time of Arrest 2134		Booking Date		Booking Time		Jail Date		Jail Time											
Name (Last, First, Middle) ARENA, SHAWN, MICHAEL						Alias (Name, DOB, Soc. Sec. #, Etc)															
W - White B - Black		I - American Indian O - Oriental / Asian		Race W	Sex M	Date of Birth 04/15/1986		Height 509	Weight 190	Eye Color BLUE	Hair Color BLACK	Complexion LIGHT	Build MED								
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Martial Status MARRIED		Religion N/A		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		N Unit <input type="checkbox"/> Unit <input type="checkbox"/>									
Local Address (Street, Apt. Number) 923 NW 11TH ST		(City) BOYNTON BEACH		(State) FL		(Zip) 33426		Phone (561) 721-8783		Residence Type 1. City 3. Florida 2. County 4. Out of State			1								
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source FLDL											
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Occupation Unemployed											
DL Number, State A650793861350, FLDL		Soc. Sec. Number		INS Number		Place of Birth BOYNTON BCH, FL		Citizenship USA													
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"/> 6. Other									
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"/> 6. Other									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(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		Time															
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 581-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade													
Property Crimes? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property		Value of Property																	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispose/ 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. Synthetic		U. Unknown Z. Other	
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193(1)a		Violation of ORD#													
Drug Activity N		Drug Type N		Amount/Unit		Offense # 21-009604		Warrant/Copies Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Copies Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Copies Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Copies Number		Bond											
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444																	
				Court Date and Time Month MARCH Day 22 Year 2021 Time 0830																	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed															
HOLD for other Agency Name:		Signature of Arresting Officer JENNINGS		I.D. # 1000		Name Verification (Printed by Arrestee) (PRINT) BU#116325															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) JENNINGS		I.D. # 1000		Agency BBPD		Witness here is subject Signed with an "X".											
Intake Deputy D. ...		I.D. # 696		Pouch #		Transporting Officer JENNINGS		I.D. # 1000		Agency BBPD											

SCANNED
 FEB 21 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20TH DAY OF February 2021 AT 2100 A.M P.M.

CASE #: 21009604 DEFENDANT: SHAWN M. ARENA

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On February 20th 2021, I was in the area of the 1100 block of NW 9th Way in Boynton Beach, FL. Traveling westbound on NW 9th Way approaching a three way stop sign to the intersection of NW 9th Way and NW 11th ST. I came to a stop at the stop sign, when I turned my head to the south and observed a dark colored truck traveling at a high rate of speed northbound on NW 11th ST approaching the three way stop sign. I had begun to enter the intersection, when I realized that the vehicle was not going to yield for the stop sign. I observed the truck fail to yield for the stop sign and drive through the intersection to continue traveling northbound on NW 11th Ave.

Due to me observing the above-mentioned traffic infraction pursuant to FSS 316.123(2)(a), I conducted a traffic stop in marked BBPD patrol vehicle 4038 on the Gray Ford pickup truck bearing FLtag NVZG59 in the drive way of 923 NW 11th ST. The occupant of the vehicle who was identified as W/M Shawn ARENA had exited from the driver side of the vehicle and made contact with me. Upon making contact with ARENA, I had asked him why he didn't stop at the stop sign. ARENA stated that he didn't stop at the stop sign because his child was in the back seat crying and he wanted to hurry up and get home. While speaking with ARENA, I noticed that he had a slurred speech, glossy red eyes and was slightly disoriented. As Arena spoke, I smelled the odor of an unknown alcoholic beverage emanating from his breath that intensified as he spoke. I asked ARENA if he had consumed an alcoholic beverage and he stated that he had two beers. ARENA stated that his last beer was at approximately 2100 hours.

Based on the above-mentioned observation, I suspect ARENA of being under the influence of alcohol while operating a motor vehicle. ARENA agreed to complete SFST. ARENA stated that he had no injuries or disabilities. ARENA stated several times that there is 20mph wind speed (Not confirmed)

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly | <input checked="" type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input checked="" type="checkbox"/> Right eye prior to 45 degrees |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

This task was explained and demonstrated several times to ARENA, which he stated he understood. While explaining the demonstrating the instructions ARENA failed to keep his balance. ARENA stepped off the line several times to regain his balance. ARENA used is arms for balance during this task. ARENA did the improper number of steps. After explaining the instructions to ARENA and him making attempts to complete the task ARENA requested for another demonstration and explanation of walk and turn. After explaining the

task several times to ARENA, I determined that ARENA could not perform the task due to him showing great difficulty understanding and performing.

ONE LEG STAND:

This task was explained and demonstrated to ARENA, which he stated he understood. While performing the task Arena used his arms for balance, hopped and put his foot down.

FINGER TO NOSE:

This task was explained and demonstrated to ARENA, which he stated he understood. Arena completed the task.

ROMBERG/ALPHABET:

This task was explained and demonstrated to ARENA, which he stated he understood. Arena completed the task.

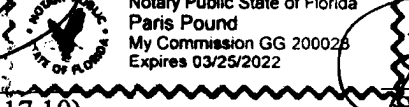
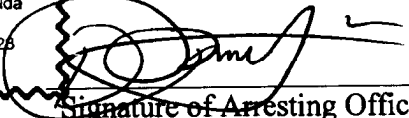
The Arean was handcuffed (D/L) and taken into custody without incident. I then transported ARENA to the Palm Beach County Jail Breathalyzer. Upon my arrival at 2155 hours, I completed the required 20-minute observation. I then requested ARENA provide a sample of his breath for the purpose of determining the alcohol content. ARENA refused my request, at which time I read him Implied Consent, which he stated he understood. A second request was made to ARENA to provide a sample of his/her breath, which he agreed to. ARENA complied and provided the requested breath samples. The results are: 0.149 at 2238 hours, for the first sample and 0.162 at 2250 hours, for the second breath sample.

At this time, due to the above-mentioned information, I have established probable cause to charge ARENA with one count of DUI pursuant to FSS 316.193(1) and I issued ARENA the following citations: (write what cits you issued).

Upon completion of the booking process, ARENA was turned over to Palm Beach County Jail.

The following instrument was sworn to before me this 21 day of February 2021

By: OFC. Jennings

 
Notary/Police Officer (F.S.S. 117.10) Signature of Arresting Officer

TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: ARENA, SHAWN M CASE NUMBER: 21-037686

DATE: Feb 20, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:18 ENDING TIME: 23:04

BREATH TESTS RESULTS: 1) SNL.147 TIME 22:34 A.M. P.M. 2) .149 TIME 22:38 A.M. P.M.

3) .162 TIME 22:50 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: SLURRED

ATTITUDE: TALKATIVE, ARGUMENTATIVE, MAD, PROFANITY

CLOTHING: BLUE JEANS, BLUE SHIRT, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT
SUBJECT: STATED HE HAD " TWO BEERS " ON CAMERA
1. SNL .147

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 21:55 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C SEVERAL TIMES SUBJECT ACKNOWLEDGE HE UNDERSTOOD I/C AND STATED HE WOULD TAKE TEST.

SUBJECT: REFUSED TO FOLLOW TECH INSTRUCTIONS CORRECTLY, KEPT TALKING OVER TECHNICIAN.

SUBJECT: REFUSED TO STOP GOING BACK AND FORTH WITH TECHNICIAN ABOUT HIS FIRST SAMPLE THAT WAS A " SLOPE NOT LEVEL"

SUBJECT: PROVIDED TWO VALID BREATH SAMPLES WITHIN FIFTEEN MINUTES

A/O: READ RIGHTS
SUBJECT: ACKNOWLEDGE HE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A
SUBJECT: REFUSED QUESTIONS



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

PBSO CASE # 21-037686 PBSO ZONE 6-12

AGENCY CASE # 21009604 CRASH CASE # _____

TIME OF STOP/CRASH 2100 DATE 02/20/21 DAY Saturday

SUBJECT'S NAME Arna, Shawn, Michael RACE W SEX M

HGT 5'09" WGT 190 DOB 04/15/86

LOCATION 923 NW 11th St, Boynton Beach FL

ARRESTING OFFICER'S NAME & ID Jennings 1600 AGENCY BBPD

DIVISION: _____

NOTIFIED BY COMMO Y

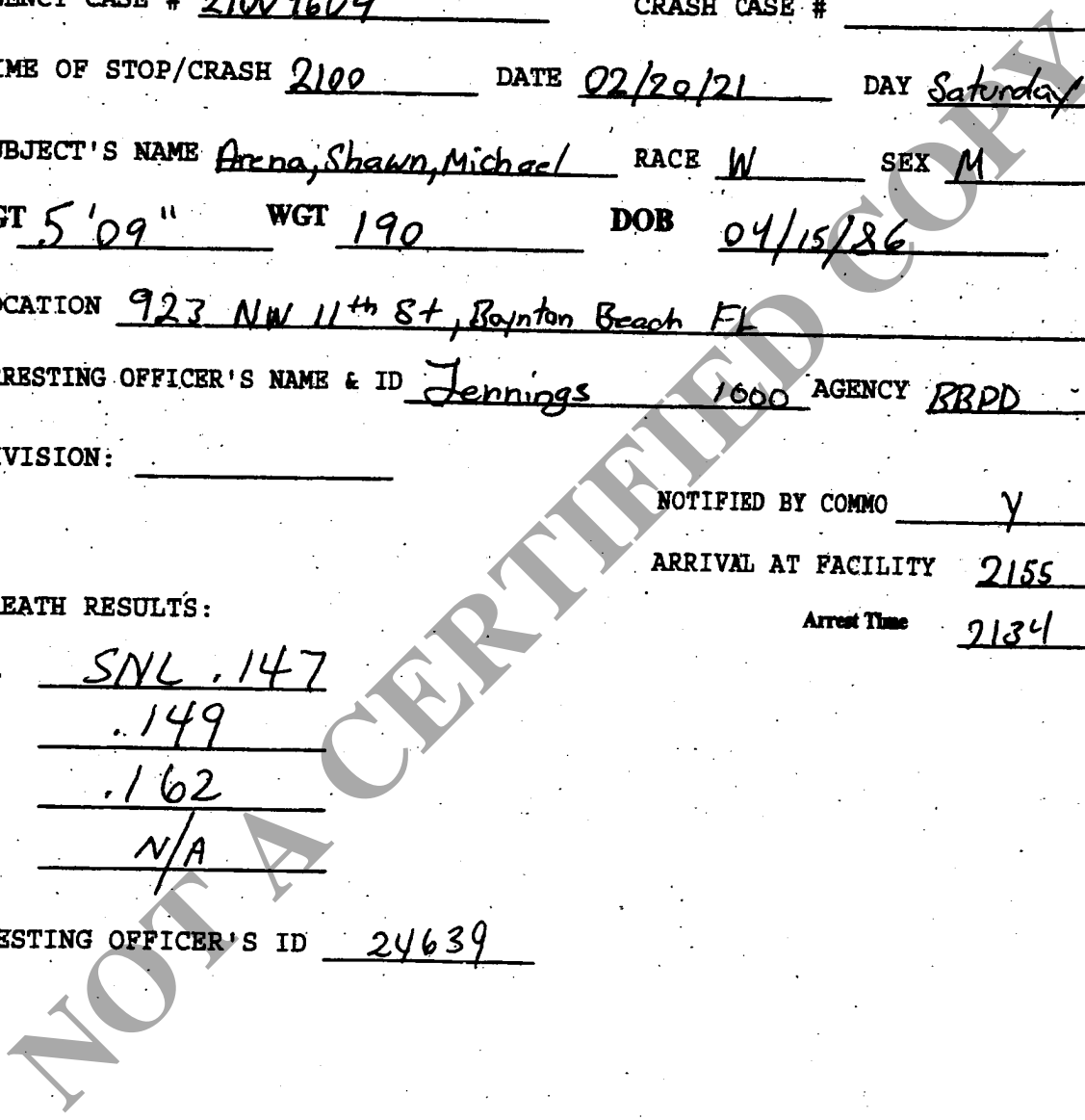
ARRIVAL AT FACILITY 2155

Arrest Time 2134

BREATH RESULTS:

1. SNL .147
2. .149
3. .162
4. N/A

TESTING OFFICER'S ID 24639



**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: 80-006478 Software: 8100.27
Date of Test: 02/20/2021

Date of Last Agency Inspection: 02/12/2021

Observation Period Began: 21:55

Subject's Name: SHAWN M ARENA

DOB: 04/15/1986 Sex: M

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	22:29
Air Blank	0.000	22:30
Control Test	0.080	22:30
Air Blank	0.000	22:31
Subject Sample #1	SNL*	22:34
Air Blank	0.000	22:35
Air Blank	0.000	22:36
Subject Sample #2	0.149	22:38
Air Blank	0.000	22:39
Air Blank	0.000	22:40
Subject Sample #3	NSP**	22:44
Air Blank	0.000	22:44
Control Test	0.077	22:45
Air Blank	0.000	22:45
Diagnostics Check	OK	22:45

*Slope Not Level (0.147 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

**No Sample Provided

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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: _____

Signature

Date: 02/20/21

Sworn to (or affirmed) before me this 20th day of FEBRUARY, 2021

Signature of Notary Public-State of Florida

OFC. D. JENNINGS
Printed Name of Notary Public-State of Florida

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.

FDLE 7ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

CODE WAS ENTERED WRONG
ON THIS AFFIDAVIT.

RIGHT CODE IS

BBPD 5L03.

SCANNED
FEB 21 2021

**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: 80-006478 Software: 8100.27
Date of Test: 02/20/2021

Date of Last Agency Inspection: 02/12/2021
Observation Period Began: 21:55
Subject's Name: SHAWN M ARENA

DOB: 04/15/1986 Sex: M

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	22:48
Air Blank	0.000	22:48
Control Test	0.078	22:48
Air Blank	0.000	22:49
Subject Sample #1	0.162	22:50
Air Blank	0.000	22:51
Air Blank	0.000	22:52
Subject Sample #2	NSP*	22:55
Air Blank	0.000	22:56
Air Blank	0.000	22:58
Subject Sample #3	NSP*	23:01
Air Blank	0.000	23:02
Control Test	0.079	23:02
Air Blank	0.000	23:02
Diagnostics Check	OK	23:03

*No Sample Provided

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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: _____

Signature

Date: 02/20/21

Sworn to (or affirmed) before me this 20th day of FEBRUARY, 2021

Signature of Notary Public-State of Florida

OFc. D. JENNINGS
Printed Name of Notary Public-State of Florida

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: 11707A 5/11/20 111 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: _____

SCANNED
FEB 21 2021



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: 2021004345	Date: 2/21/21
	Specialist Name/ID: A. Pinkney/7796

SCANNED
FEB 21 2021