

21CT4484 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number
Agency ORI Number
FLO 500000

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only)
06-21046706

Charge Type: Check as many as apply.
1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
Weapon Seized / Type 2 1. Yes 2. No Multiple Clearance Indicator 01

Location of Arrest (Including Name of Business)
Military Tr/Belvedere Rd, West Palm Beach, Florida, 33415
Location of Offense (Business Name, Address)
Military Tr/Belvedere Rd, West Palm Beach, Florida, 33415

Date of Arrest 03/19/2021 Time of Arrest 10:40 22:49 Booking Date 03/19/2021 Booking Time Location of Vehicle Babsco Towing

Name (Last, First, Middle)
Gallagher, Tara, Ann
Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W-White I - American Indian B-Black O-Oriental/Asian W F Sex Date of Birth 01/01/1971 Height 5'05 Weight 138 Bro Eye Color Bro Hair Color Fair Complexion Small Build

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)
Tat R Leg; Tat Back, Nose piercing
Marital Status Single Religion Christian Indication of Alcohol Influence Drug Influence Y N Int.

Local Address (Street, Apt. Number) (City) (State) (Zip)
103 Emerald Court, Royal Palm Beach, FL 33411
Phone (561) 236-5021 Residence Type: 1. City 2. County 3. Florida 4. Out of State 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source
Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

D/L Number, State G426801715010, FL Soc. Sec. Number INS Number Place of Birth (City, State) Hialeah, FL Citizenship U.S.

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth

Parent Legal Custodian Other: Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone 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 provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.
Yes, by: (Name) No: (Reason) School Attended Grade

Property Crime? Yes No Description of Property Value of Property

Drug Activity N. N/A S. Sell B. Buy P. Possess 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

Charge Description D.U.I. Crash With Property Damage Counts 1 Domestic Violence Y N Statute Violation Number 316.193(3)(c)(1) Violation of ORD #

Drug Activity N Drug Type N Amount / Unit N/A Offense # 21046706 Warrant / Capias Number N/A Bond

Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Location (Court, Room Number, Address)
Palm Beach County Criminal Justice Complex 3228 Gun Club Rd, West Palm Beach, Florida, 33406
Court Date and Time Month April Day 8th Year 2021 Time 08:30 AM X 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) Date Signed 03/19/2021

HOLD for other Agency Name: Signature of Arresting Officer Date Signed Name Verification (Printed by Arrestee) MAR 21 2021

Dangerous Resisted Arrest Suicidal Other Name of Arresting Officer (Print) D/S V. Blackman I.D. # 8396 Transposing Officer D/S V. Blackman ID # 8396 Agency PBSO

Witness here if subject signed with an "X" PAGE OF 1

JH 0522132

PH 528

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-046706				
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		Special Notes:				
Name (Last, First, Middle) Gallagher, Tara, Ann		Alias		Race W	Sex F	Date of Birth 01/01/1971		
Charge Description Driving Under the Influence		316.193(1)		Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) Gonzales, Brenda,				Race W	Sex F	Date of Birth 01/01/1971		
Local Address (Street, Apt. Number) 520 N B st, Lake Worth, FL 33460		(City) (State) (zip)		Phone (961) 236-5025		Address Source FL DL		
Business Address (Name, Street) N/A		(City) (State) (zip)		Phone () N/A		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 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 19th day of March 2021 at 2127 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On March 19, 2021, at approximately 2127 hours I responded to Military Trail and Belvedere, in unincorporated West Palm Beach, within Palm Beach County, Florida in reference to a Traffic Accident.</p> <p>Upon arrival, I made contact with Tara Gallagher who was standing outside of her vehicle. I witnessed Tara stumble getting back into her vehicle to retrieve her vehicle registration. I asked Tara about the accident and i noticed Tara was slurring her speech. I attempted to look at Terra's eyes who kept avoiding making eye contact.</p> <p>I got sworn statement from a witness Adalberto Boyer who observed the driver Tara Gallagher behind the wheel and in full physical control of the vehicle.</p>								
STATE OF FLORIDA COUNTY OF PALM BEACH		D/S A. Guerin						
(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of March 20 21 by D/S A. Guerin		Known Law Enforcement						
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
		PAGE 1 OF 1						

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19th DAY OF March 2021, AT 21:23 AM PM

SUBJECT: Gallagher, Tara, Ann CASE NUMBER: 21046706

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S V. Blackman

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Driver was involved in a motor vehicle collision where she struck another vehicle from behind at a low speed.

OBSERVATION OF DRIVER:

Drivers speech was slurred, her eyes were red and watery, and she had a hard time maintaining her balance.

DRIVER'S STATEMENTS:

Driver denied consuming any alcohol, stated that she rear ended another car

ODORS:

strong odor of an unknown alcoholic beverage about her head and shoulder area which became more evident as the driver spoke

GENERAL OBSERVATIONS

SPEECH: Slurred, slow

ATTITUDE: Calm, crying

CLOTHING: loosely worn

MEDICAL/OTHER: High blood pressure, thyroid issues, high chloesterol

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S V. Blackman

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of March 2021 by D/S V. Blackman

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: Personally known

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



SCANNED
MAR 21 2021

SUBJECT: Gallagher, Tara, Ann

CASE NUMBER 21046706

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

WALK & TURN:

Was unable to perform task unable to maintain balance stated I can't do it

ONE LEG STAND:

Was unable to perform task could not maintain her balance raise her left leg counted on loss her balance put her foot down attempted task twice

FINGER TO NOSE:

Subject touch bridge of her nose several times was unable to maintain her balance, subject kept opening her eyes and did not keep her head tilted backwards

ROMBERG ALPHABET:

Performed task was able to say alphabet from A-Z however she began to hurry through the task (See video for further) Driver unsteady on her feet as she swayed back and forth.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

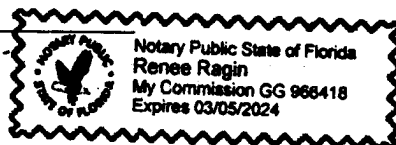
D/S V. Blackman

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of March, 2021 by D/S V. Blackman

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

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



SCANNED
MAR 21 2021

SUBJECT: Gallagher, Tom H. CASE NUMBER: 1-076106

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) _____

Head on Camera

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) _____

Head on Camera

SUBJECT: Gallagher, Tara H. CASE NUMBER: 21-046706

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? yes

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? Delaware Ave Military

DIRECTION OF TRAVEL? W WHERE DID YOU START? From the East

WHAT TIME DID YOU START? 1:20 PM WHAT TIME IS IT NOW? I have no idea

WHAT IS TODAY'S DATE? 11/16 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Polk County, MS

WHEN DID YOU LAST EAT? 5:00 AM WHAT DID YOU EAT? Eggs and toast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? I was at work

HOW MUCH DO YOU WEIGH? 138 HAVE YOU BEEN DRINKING? Yes WHAT? work

HOW MUCH? 2 glasses WHERE? Home WITH WHOM? 3 people

WHEN DID YOU HAVE YOUR FIRST DRINK? 5:00 PM AND YOUR LAST DRINK? 4:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 5.0 oz shot

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? 2 WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? Dr. Myron, Air Force WHEN? 7:00-8:00 AM

DO YOU HAVE:	EPILEPSY?	<u>No</u>
	GLASS EYE?	<u>No</u>
	FALSE TEETH?	<u>No</u>
	EAR INFECTION?	<u>No</u>
	INNER EAR TROUBLE?	<u>No</u>
	DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: [Signature] 8596

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

21046706

I, D/S V. Blackman, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)

am a member of PBSO and I do swear
(Name of enforcement agency)

or affirm that on or about the 19 day of March, 2021, at 10:49 P.M. A.M.

NAME Tara Ann Gallagher
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# G426801715010, FL, state of FL, was placed under lawful arrest for

the offense of D.U.I. Crash With Property Damage by D/S V. Blackman and
(Name of Arresting Officer)

issued Citation # AEA7DRE

That on or about the 19th day of March, 2021, at 11:50 P.M. A.M.

in Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said person to submit to a breath, urine, or blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/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 such test. Said person did at that time and place refuse to submit to such test or tests.

D/S V. Blackman
Signature of Law Enforcement Officer or Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 19th day of March, 2021

by D/S V. Blackman

who is personally known to me or who has produced Personally known as identification

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title: D/S V. Blackman

Date: 03/19/2021

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.

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes are red

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 23:16 hrs.

Subject refused to perform breath test.

A/O read I/C and subject stated she understood I/C.

Subject refused to take test.

A/O read rights.

Subject stated she understood rights.

A/O conducted Q&A

Subject answered Q&A.

REFUSED

WITNESS LIST

CASE NUMBER: 21046706

ARRESTING OFFICER: D/S V. Blackman

ADDRESS: 3228 Gun Club Rd, West Palm Beach, Florida, 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-3600

CAN TESTIFY TO: Observations of Tara Gallagher

NAME: D/S A. Guerin #36803

ADDRESS: 3228 Gun Club Rd, West Palm Beach, Florida, 33406

PHONE NUMBERS (HOME) _____ (WORK) (561) 688-3600

CAN TESTIFY TO: His observations of Tara Gallagher

NAME: Adalberto Boyer

ADDRESS 1500 Lucerne Ave Apt 915, Lake Worth, FL, 33460

PHONE NUMBERS (HOME) (609) 533-6077 (WORK) _____

CAN TESTIFY TO: His vehicle being struck from behind by Gallagher's vehicle, his observations of Gallagher driving her vehicle and his observations of Gallagher after the crash

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (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) _____

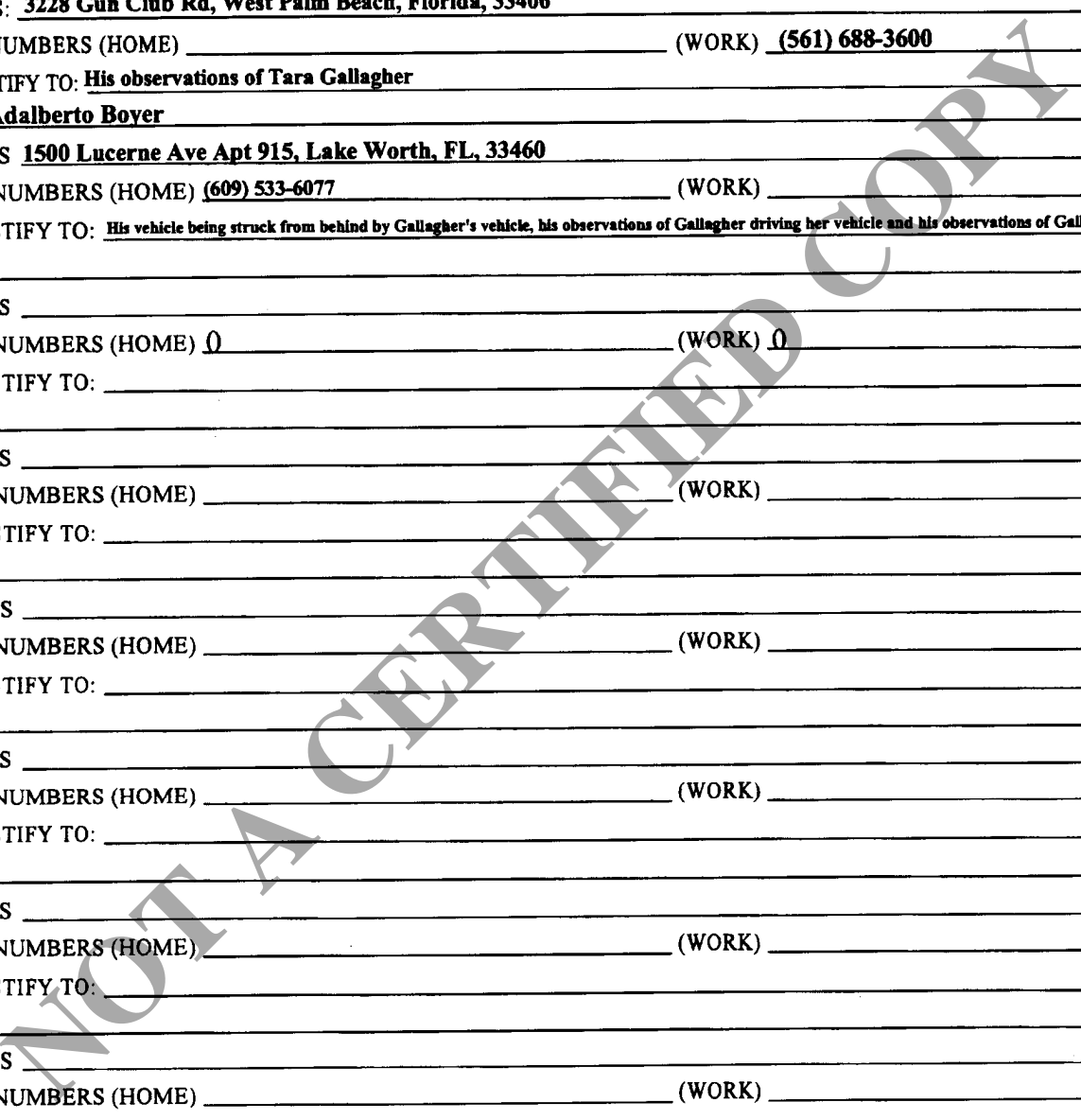
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____





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: 2021006784	Date: 03/21/2021
	Specialist Name/ID: C. Denzel/8691