

21CT100635B ARREST / NOTICE TO APPEAR

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

1 JUVENILE

AD M I N I S T R A T I O N	OBT# Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 21-007340	
D E F E N D A N T	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 1			
	Location of Arrest (Including Name of Business) S FEDERAL HWY/LINDELL BLVD DELRAY BEACH				Location of Offense (Business Name, Address) 3199 S FEDERAL HWY/LINDELL BLVD, DELRAY BEACH, FL			
	Date of Arrest 06/16/2021		Time of Arrest 03:18		Booking Date 06/16/2021		Booking Time 03:28	
J U V E N I L E	Name (Last, First, Middle) COUGHLIN, THOMAS F J							
	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 04/28/1958		Height 6'00	
	Weight 208		Eye Color Blue		Hair Color Brown		Complexion Light	
	Build Medium		Marital Status		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 3401 SPANISH TRL 448, DELRAY BEACH, FL 33483				(City)		(State)	
	Permanent Address (Street, Apt. Number) 3401 SPANISH TRL 448, DELRAY BEACH, FL 33483				(City)		(State)	
	Business Address (Name, Street)				(City)		(State)	
	DL Number, State S40734670 / MA		Sec. Sec. Number		INS Number		Place of Birth (City, State) Scispol	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		
C O U N T Y	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone			
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State)	
	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.				School Attended		Grade	
	<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No: _____		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
	Drug Activity N. N/A P. Possession		S. Sell B. Buy T. Traffic		R. Struggle D. Deliver E. Use		K. Disperse/ Distribute	
	M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type H. 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			
	C H A R G E	Charge Description DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(DA)		Violation of ORD #
Drug Activity		Drug Type		Amount / Unit		Offense #		
N		/		21-007340		1		
Counts		Domestic Violence		Warrant / Capias Number		Bond		
Y		N				OR		
Charge Description				Statute Violation Number		Violation of ORD #		
Drug Activity		Drug Type		Amount / Unit		Offense #		
/		/		/		/		
Counts		Domestic Violence		Warrant / Capias Number		Bond		
Y		N						
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			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Custodian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By			
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Released By			
	Transported By				Released To			
	Date Transported				Time Transported			
	/ /				/ /			
	INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)			
	INSTRUCTION NO. 2 - You need not appear in Court				South County 200 W Atlantic Ave Delray Beach, FL 33444			
	but must comply with instructions on Page 2.				Court Date and Time			
	07/12/2021 08:30:00							
N O T I C E T O A P P E A R	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 FULLY 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) Refused							
	HOLD for Other Agency				Signature of Arresting Officer #7190			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest				Name of Arresting Officer (Print) PENAGOS, CARLOS			
	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other				LD. # 1190			
	Pouch #				Agency DRPD			
	Pouch #				Agency			
	Pouch #				Agency			
	Pouch #				Agency			
	Pouch #				Agency			
A D M I N I S T R A T I O N	HOLD for Other Agency				Name Verification (Printed by Arrestee) FILED			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest				(PRINT)			
	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other				JUN 17 2021			
	Pouch #				PAGE 1 OF 1			
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39446

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16th DAY OF June, 2021 AT 0239 HRS,
IN THE CITY OF Delray Beach, COUNTY OF PALM BEACH, STATE OF FLORIDA,
SUBJECT: Thomas Coughlin CASE NUMBER: 21-007340
AGENCY: Delray Beach Police ARRESTING OFFICER: Carlos Penagos

PERSONAL CONTACT

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

The defendant exited the plaza at 3205 S Federal Hwy attempting to make a right turn to go northbound on S Federal Hwy, without using a turning signal.

OBSERVATION OF DRIVER:

The defendant appeared impaired, had glossy, reddened eyes, slow dexterity, flush face, slow comprehension, and had the odor of an unknown alcoholic beverage about their breath. The defendant appeared unstable while walking to an area for roadside tasks.

DRIVERS STATEMENTS:

The defendant stated that he had two bud light beer and a shot of Wild Turkey Whiskey.

ODORS:

Unknown odor of alcohol substance.

GENERAL OBSERVATIONS

SPEECH: Slow, slurred, mumbled

ATTITUDE: Polite, talkative, calm

CLOTHING: Multicolor shirt, gray shorts, and brown sandals.

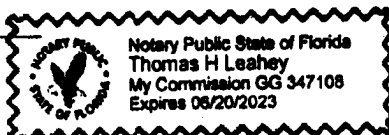
MEDICAL/OTHER: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

(SIGNATURE OF ARRESTING OFFICER) Carlos Penagos

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 16th DAY OF June, 2021 BY Carlos Penagos
WHO IS PERSONALLY KNOWN TO ME AND/OR PRODUCED IDENTIFICATION. TYPE OF IDENTIFICATION PRODUCED Passport

T. Leary
NOTARY PUBLIC, CLERK OF COURT, OFFICER (FSS 117.10)



SCANNED
JUN 17 2021

SUBJECT: Thomas Coughlin

CASE #: 21-007340

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS: OF 6

☒ LT EYE - LACK OF SMOOTH PURSUIT

☒ RT EYE - LACK OF SMOOTH PURSUIT

☒ LT EYE - DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

☒ RT EYE - DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION

☒ LT EYE - ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT EYE - ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

OTHER OBSERVATIONS:

Defendant had trouble following directions

Defendant turned head to follow the stimulus in multiple occasions was reminded of the instructions.

Defendant swayed while standing.

WALK & TURN: OF 8

The defendant failed to maintain balance while the instructions were given.

The defendant stepped out of the line in many occasions.

Did not touch heel to toe on all steps

Lost balance and stepped off the line in multiple occasions

The defendant took ten steps forward and ten steps back when he was clearly instructed to take nine steps.

ONE LEG STAND: OF 4

The defendant swayed while balancing

Used arms for balance (raised arms over six inches)

Put foot down more than three times before the 30 seconds elapsed.

The defendant hopped and changed legs.

Could not keep balance while the leg was in the raised position

Did not point foot as instructed.

FINGER TO NOSE: OF 4

The defendant had to be reminded of the instructions in multiple occasions.

Swayed while standing

ROMBERG ALPHABET: OF 4

The defendant began to sing the alphabet

Swayed while standing

stopped skipped the letter "V" while saying the alphabet.

BREATH TEST RESULTS: 1) 2) 3) 4)

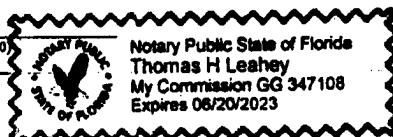
STATE OF FLORIDA
COUNTY OF PALM BEACH

(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 16th DAY OF June, 2021 BY Carlos Penagos

WHO IS PERSONALLY KNOWN TO ME AND/OR PRODUCED IDENTIFICATION. TYPE OF IDENTIFICATION PRODUCED Id

NOTARY PUBLIC, CLERK OF COURT, OFFICER (FSS 117.10)



SCANNED
JUN 17 2021

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

I, Carlos Penagos, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of Deleay Beach Police, and I do swear
(Name of law enforcement agency)
or affirm that on or about the 16th day of JUNE, 20 21, at 0239 ☐ P.M. ☒ A.M.
DRIVER Thomas Coughlin
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL# C245 8265 81480, state of Florida, was placed under lawful arrest for
the offense of DUI by Carlos Penagos and
issued Citation # AEL726E
(Name of Arresting Officer)

That on or about the 16 day of JUNE, 20 21, at 0239 ☐ P.M. ☒ A.M.
in Palm Beach County.

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of 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] #1190
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 16 day of JUNE, 20 21,
by Off C Penagos #1190,
who is personally known to me or who has produced
Kuam as identification

Notary Public T. Leahey

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.

SCANNED
JUN 17 2021

SUBJECT: Boughn Jr, Thomas F CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am DE Boughs #1190 of the DBPD

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) Read 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) Read on camera

SCANNED
JUN 17 2021

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Coughlin Jr, Thomas F

CASE NUMBER: 21-076482

DATE: Jun 16, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0332

ENDING TIME: 0345

BREATH TESTS RESULTS: 1) R TIME 0334 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 TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, cooperative

CLOTHING: gray short, blue floral s/s shirt, brown sandals

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated he drank 1 shot of Wild Turkey & 2 beers - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0310 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

A/O conducted Q&A

subject answered questions

SCANNED
JUN 17 2021

SUBJECT: Boyle, Thomas F 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? Yes

WHERE WERE YOU GOING? 3400 East 1st Ave

WHAT STREET OR HIGHWAY WERE YOU ON? 1st Ave

DIRECTION OF TRAVEL? E WHERE DID YOU START? 3400 East 1st Ave

WHAT TIME DID YOU START? 1:00 PM WHAT TIME IS IT NOW? 1:15 PM

WHAT IS TODAY'S DATE? 6/17/21 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Alameda County, Oakland

WHEN DID YOU LAST EAT? 12:00 PM WHAT DID YOU EAT? Nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 180 lbs HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 2-3 WHERE? At home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 12:00 PM AND YOUR LAST DRINK? 1:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 2-3

WHAT? Beer WHERE? At home WHEN? 1:00 PM

WHAT LINE OF WORK ARE YOU IN? Unemployed WHEN DID YOU LAST WORK? 12/15/20

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? Back pain

ARE YOU SICK OR INJURED? Yes WHAT'S WRONG? Back pain

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes WHEN? 1:00 PM

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? Dr. [Name] WHY? Back pain

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Albuterol WHEN? 1:00 PM

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? Yes

DO YOU TAKE INSULIN? Yes IF SO, WHEN WAS YOUR LAST INJECTION? 1:00 PM

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? California

INTERVIEWER: [Signature]

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SCANNED
JUN 17 2021



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

PBSO CASE # 21-076482 PBSO ZONE 4-22
AGENCY CASE # 21007340 CRASH CASE # _____
TIME OF STOP/CRASH 02:12 DATE 6/16/21 DAY Wednesday
SUBJECT'S NAME Thomas Coughlin Jr RACE white SEX Male
HGT 6'00 WGT 208 DOB 4/28/58
LOCATION S federal / Avenue L
ARRESTING OFFICER'S NAME & ID Penago 1190 AGENCY DBPD
DIVISION: Road Patrol

NOTIFIED BY COMMO Yes
ARRIVAL AT FACILITY 0310
Arrest Time 02:39

BREATH RESULTS:

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 19183

SCANNED
JUN 17 2021

D.U.I. WITNESS LIST

CASE #: 21-007340

ARRESTING OFFICER: Carlos Penagos

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME): 561-243-7800 (WORK):

CAN TESTIFY TO: Refer to PC

NAME: Ofc. Mitchell

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME): 561-243-7800 (WORK):

CAN TESTIFY TO:

NAME:

ADDRESS:

PHONE NUMBERS (HOME): (WORK):

CAN TESTIFY TO:

NAME:

ADDRESS:

PHONE NUMBERS (HOME): (WORK):

CAN TESTIFY TO:

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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:

SCANNED
JUN 17 2021



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

REVIEW COMPLETED BY

Booking Number: 2021014656	Date: 06/17/2021
	Specialist Name/ID: T Howard/7185