

0522418

50-2021-CT-005339-AMB

2977

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) 06-21-051586				
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator 01						
Location of Arrest (Including Name of Business) Quechobee Blvd and State Road 7				Location of Offense (Business Name, Address) Same						
Date of Arrest 03/03/2021		Time of Arrest 0641	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Kauffs Towing			
Name (Last, First, Middle) Russow Tosha				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 02-24-1980	Height 503	Weight 245	Eye Color Brn	Hair Color Brn	Complexion Med	Build Med		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>				
Local Address (Street, Apt. Number) 13136 54th Road North		(City) (State) (Zip) West Palm Beach Florida 33411		Phone (561) 8894568		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1				
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Address Source Florida DL				
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation Self Employed				
D/L Number, State R200804805640		Soc. Sec. Number		INS Number		Place of Birth (City, State) West Palm Beach FL	Citizenship US			
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:	Address (Street, Apt. Number) (City) (State) (Zip)						Residence Phone			
Notified by: (Name)	Date	Time	Juv. Disposition 1. Handed/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
Released To: (Name)	Relationship	Date	Time							
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						
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Products/ 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 DUI 316.193		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1a)		Violation of ORD # NONE				
Drug Activity none	Drug Type N	Amount / Unit N	Offense # 21-051586	Warrant / Capias Number N		Bond none				
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		Bond				
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		Bond				
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		Bond				
Location (Court Room Number, Address) 3228 gun Club Rd, West Palm Beach, FL										
Court Date and Time Month May Day 4 Year 2021 Time 08:30am AM <input checked="" type="checkbox"/> 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 03/03/2021				
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) D/S R Lyles		I.D. # 8480	(PRINT)					
Intake Deputy [Signature]	I.D. #	Pouch #	Transporting Officer Lyles	ID # 8480	Agency PBSO	Witness here if subject signed with an	PAGE 1 OF 1			

WEST PALM BEACH COUNTY FL
MAR 7 2021
11:30

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF April 202021, AT 0540 AM PM

SUBJECT: Russow Tosha CASE NUMBER: 21-051586

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S R Lyles

PERSONAL CONTACT

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

I was dispatched to a traffic crash (PBSO case number 21-051580) I saw Tosha D Russow behind the wheel of her car that was disabled on the side of the road about one mile away from the crash.

OBSERVATION OF DRIVER:

On my arrival, I made contact with Tosha Russow. My observations of Tosha, I was able to smell the unknown odor of an alcoholic beverage. I noticed that her eyes were red and glossy. I had PBCFR come and check out Tosha and make sure that he was okay.

DRIVER'S STATEMENTS:

Tosha said got lost after drinking tonight.

ODORS:

I was able to smell the unknown order of an alcoholic substance on her breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: Calm and cooperative

CLOTHING: Dressed in appropriate attire and well kept

MEDICAL/OTHER: EMS arrived and she advised he had no medical issues.

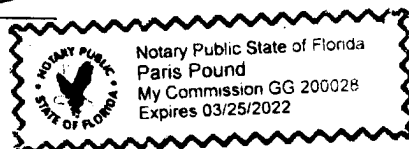
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S R Lyles
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of April 2021 by D/S R Lyles

(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)



SUBJECT Russow

Tosha

CASE NUMBER 21-051586

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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:

Subject Refused

WALK & TURN:

Refused

ONE LEG STAND:

Refused

ROMBERG ALPHABET:

Refused

ROMBERG ALPHABET:

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

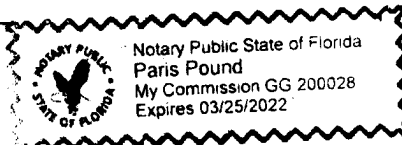
D/S R Lyles 

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of April 2021 by D/S R Lyles

(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)



NOT A CERTIFIED COPY

SUBJECT: RUSSOW, TERRY D CASE NUMBER: 21-0515-96

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? NO

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? NO 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: Rosow, Tasha D CASE NUMBER: 21-0515 PG

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) 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

SUBJECT: Rowan, Tasha D CASE NUMBER: 21-0-136

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) Tasha D Rowan

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) Tasha D Rowan

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

I, D/S R Lyles, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 4 day of April, 20 21, at 0641 P.M. A.M.

DRIVER Tosha Russow
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

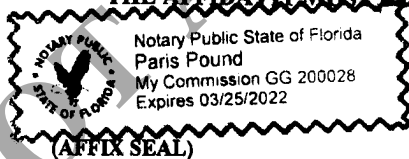
DL# R200804805640, state of Florida, was placed under lawful arrest for
the offense of DUI 316.193 by D/S R Lyles and
issued Citation # (Name of Arresting Officer)

That on or about the 3 day of April, 20 21, at 0729 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 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 3 day of April, 20 21,

by D/S R Lyles,
who is personally known to me or who has produced
as identification

Notary Public

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.

WITNESS LIST

CASE NUMBER: 21-051586

ARRESTING OFFICER: D/S R Lyles

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

PHONE NUMBERS (HOME): 561-688-3000 (WORK) _____

CAN TESTIFY TO: See Report

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: D/S Lyles

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) _____

CAN TESTIFY TO: _____

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 _____

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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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 07:00 HRS.
SUBJECT: REFUSED TO TAKE TEST
A/O: READ I/C TWO TIMES, ALSO EXPLAINED I/C
SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TO TAKE TEST
A/O: READ RIGHTS
SUBJECT: STATED SHE UNDERSTOOD RIGHTS
A/O: ATTEMPTED Q&A
SUBJECT: REFUSED QUESTIONS



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: 2021008023	Date: 04/04/2021
	Specialist Name/ID: C. Denzel/8691