

J-0391836

20 CT - 7554

K-254

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20002892	
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	Weapon Seized / Type 2	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) N MILITARY TRAIL/BURNS RD, PBG, FL			Location of Offense (Business Name, Address) BURNS RD/RIVERSIDE DR, PBG, FL			
Date of Arrest 06/21/2020	Time of Arrest 03:30	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405

Name (Last, First, Middle) SCHMEIDER, TRAVIS, AUSTIN						Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 07/13/1990	Height 5'10	Weight 200	Eye Color BRO	Hair Color BRO	Complexion LGT	Build LARGE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A				Marital Status SINGLE	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State		
Local Address (Street, Apt. Number) 10050 PLANT DR		(City) PALM BEACH GARDENS, FL	(State) FL	(Zip) 33410	Phone (561) 531-4508	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number) 10050 PLANT DR		(City) PALM BEACH GARDENS, FL	(State) FL	(Zip) 33410	Phone ()	Address Source VERBAL		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation		
D/L Number, State S536801902530 FL	Soc. Sec. Number	INS Number		Place of Birth (City, State) MONT CLAIRE, NJ		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
Parent Legal Custodian 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 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 355-2526) 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/ 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 DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)(A)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description DUI REFUSAL WITH PRIOR		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.1939(1)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700					
Court Date and Time Month JULY Day 22 Year 2020 Time 10:00 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 06/21/2020	

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:	(PRINT) SCANNED
Intake Deputy [Signature]	I.D. # 810	Pouch #
Name of Arresting Officer (Print) Ofc. ANDREW FLINK	ID # 514	Agency PBGPD
Transporting Officer ANDREW FLINK		ID # 514
Agency PBGPD		Witness here if subject with JUN 22 2020
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)		PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21ST DAY OF JUNE 2020, AT 0315 AM PM

SUBJECT: SCHMEIDER, TRAVIS, AUSTIN CASE NUMBER: 20002892

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

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

This Officer observed a vehicle, a black Jeep (CUWH55/FL) traveling West bound on Burns Rd from Alt A1A, in Palm Beach Gardens, FL at an increased rate of speed. This Officer's initial visual estimate of the vehicle was approximately 50 MPH, using Stalker RADAR DSR2X (S/N DB001317) forward antenna (KC086606), this Officer received a steady tone and reading of 50 MPH in a posted 35 MPH zone. This Officer also observed the vehicle drift out of the lane several times, over the striped lane into the outside through lane. This Officer initiated a traffic stop on the vehicle and made contact with the driver and sole occupant of the vehicle, identified via Florida Driver License photo, Travis Schmeider, while he was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Schmeider had a flushed red face, was sweating, had slow slurred speech, watery eyes, and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. Schmeider had difficulty locating the required documents. Schmeider presented a valid registration, however, he said it was expired. Schmeider then immediately said the document was his insurance. This Officer asked Schmeider to provide his insurance card, to which Schmeider reached into the glove compartment. Schmeider then immediately forgot what document he was looking for and asked this Officer "what are you guys looking for?". Schmeider then said he did not have insurance. All of Schmeider's actions and statements were slow and deliberate.

DRIVER'S STATEMENTS:

When asked how much he had to drink, Schmeider said "I didn't have that many". This Officer asked where in Jupiter, to which Schmeider fell silent and appeared to be thinking out his answer, before not providing any further information.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slow slurred

ATTITUDE: Compliant

CLOTHING: Floral shirt, black shirt, no shoes

MEDICAL/OTHER: None stated.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of June 2020 by Ofc. ANDREW FLINK

(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)



JOSHUA BELL
MY COMMISSION #GG348008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SCANNED
JUN 22 2020

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:

Schmeider was swaying side to side during the exercise. This Officer also observed Vertical Gaze Nystagmus in both eyes.

WALK & TURN:

During the exercise, Schmeider missed heel-to-toe on each of the steps for the first set. Schmeider also stepped off the line and kept his arms raised more than six inches from his sides. During the turnaround, Schmeider asked for a "buffer". Schmeider then conducted an improper turnaround and paused to regain balance. During the return, Schmeider again missed heel-to-toe on each step and stepped off the line again. Schmeider took eight steps rather than nine as instructed.

ONE LEG STAND:

During the exercise, Schmeider had difficulty raising his foot and keeping it raised. Schmeider raised his arms more than six inches from his sides, swayed throughout the exercise and placed his foot down multiple times prior to being told to do so.

ROMBERG ALPHABET:

Not conducted

FINGER TO NOSE:

Not conducted

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of June 2020 by Off. ANDREW FLINK

(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)



JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SCANNED
JUN 22 2020

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: SCHMEIDER, TRAVIS A

CASE NUMBER: 20-080130

DATE: Jun 21, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0431

ENDING TIME: 0434

BREATH TESTS RESULTS: 1) R TIME 0433 A.M. P.M. 2) N/A TIME XX A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: DOZING OFF, QUIET / QUIET, COOPERATIVE

CLOTHING: RED/BLACK SHORT SLEEVE BUTTON UP SHIRT, BLACK SHORTS, BLACK SOCKS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0407 HOURS

A/O REQUESTED A BREATH SAMPLE
SUBJECT ASKED IF HE COULD GET A LAWYER

A/O READ I.C 2 TIMES
SUBJECT STATED HE UNDERSTOOD I.C AND REFUSED TO PROVIDE A BREATH SAMPLE

A/O DID NOT READ RIGHTS DUE TO SUBJECT REQUESTING A LAWYER

A/O DID NOT CONDUCT Q AND A

SCANNED
JUN 22 2020

REFUSED



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

PBSO CASE # 20-080130 PBSO ZONE 3-13

AGENCY CASE # 20002892 CRASH CASE # _____

TIME OF STOP/CRASH 0315 DATE 06/21/2020 DAY SUNDAY

SUBJECT'S NAME SCHMEIDER, TRAVIS A RACE W SEX M

HGT 5'10 WGT 200 DOB 07/31/1990

LOCATION N MILITARY TRAIL / BURNS RD, PBG, FL

ARRESTING OFFICER'S NAME & ID OFC. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0406

BREATH RESULTS:

Arrest Time 0330

1. REFUSED
2. REFUSED
3. REFUSED
4. REFUSED

TESTING OFFICER'S ID BELL 8656

SCANNED
JUN 22 2020

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

I, Ofc. ANDREW FLINK, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 21st day of June, 20 20, at 03:30 P.M. A.M.

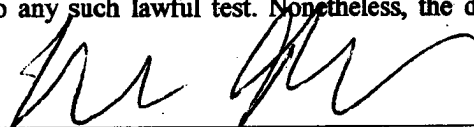
DRIVER TRAVIS AUSTIN SCHMEIDER
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

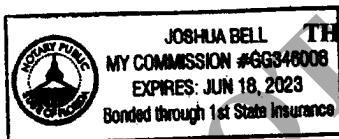
DL# S536801902530, state of FL, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by Ofc. ANDREW FLINK and
issued Citation # A56HA7E
(Name of Arresting Officer)

That on or about the 21st day of June, 20 20, at 0433 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:

Signature of Attesting Officer

Title _____

Date 06/21/2020

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 21st day of June, 20 20,
by Ofc. ANDREW FLINK,

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

Notary Public 

HSMV-BAR1001 (REV. 10/2016)

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: Schneider, Travis A 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? YES 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: OFC. FLIAK #514

SCANNED
JUN 22 2020

SUBJECT: Schmeider, Travis A

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 OFF FLINK of the PRFD

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 22 2020



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: 2020015243	Date: 06/22/2020
	Specialist Name/ID: AM/31562

SCANNED
JUN 22 2020