

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

20251079

OBTS Number			
Agency ORI Number FLO 502600	Agency Name PALM BEACH GARDENS POLICE DEPARTMENT	Agency Report Number (N.T.A.'s only) 78-20000427	
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"/> 8. Other	Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) NORTHLAKE BLVD AND MILITARY TRAIL PBG, FL 33410		Location of Offense (Business Name, Address) NORTHLAKE BLVD AND MILITARY TRAIL PBG, FL 33410	
Date of Arrest 01/20/2020	Time of Arrest 02:14	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) Keane, Trevor, Paul		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 10/24/2006	Height 6'0"
Weight 230	Eye Color GREEN	Hair Color BLOND	Complexion LIGHT
Build MED	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) 17268 78TH RD N	City LOXAHATCHEE	State FL	Zip 33470
Phone (561) 693-7044	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number) 17268 78TH RD N	City LOXAHATCHEE	State FL	Zip 33470
Phone (561) 693-7044	Address Source FL DL NCIC		
Business Address (Name, Street)	City	State	Zip
DL Number, State K-500-815-84-384-0 FL	Soc. Sec. Number	INS Number N/A	Place of Birth (City, State) WEST VIRGINIA, VA
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)			<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:	Name (Last)	(First)	(Middle)
Address (Street, Apt. Number)	City	State	Zip
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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attended
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 checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(A)
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 1
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number
Drug Activity	Drug Type	Amount / Unit	Offense #
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number
Drug Activity	Drug Type	Amount / Unit	Offense #
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number
Drug Activity	Drug Type	Amount / Unit	Offense #
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 February Day 19 Year 2020 Time 10:00			
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 SHALL BE ISSUED			
Signature of Defendant (or Juvenile and Parent /Custodian)			Date Signed 01/20/2020
HOLD for other Agency Name:	Signature of Arresting Officer X Romero	Name Verification (Printed by Arrestee) JAN 20 AM 4:55	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Releated Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) Ofc. Romero	I.D. # #502
Transporting Officer Ofc. Romero	ID # 502	Agency PBGPD	Witness here if subject signed with an "X"
Page 1	Page 1 OF 1		

FILED
JAN 20 PM
CIRCUIT COURT
NORTH COUNTY COURTS

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

0514142

R#1435

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20 DAY OF JANUARY 20 20, AT 01:59 AM PM

SUBJECT: Keane, Trevor, Paul CASE NUMBER: 20000427

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Romero #502

PERSONAL CONTACT

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

On Monday, January 20, 2020, at approximately 01:59 a. m., I responded to the area of Northlake Blvd and Military Trail, Palm Beach Gardens, Palm Beach County, Florida, as a backup officer for Officer Smith, ID# 489. Refer to Officer Smith's supplemental report for further details regarding his contact with the vehicle. While at the scene, Officer Smith's requested I assist with a possible D.U.I. Investigation.

Upon approach to the vehicle, I observed a white male, seated in the driver's seat. The male was identified via his Florida Driver's License as Trevor Paul Keane (10/24/1984).

OBSERVATION OF DRIVER:

While standing next to the window, I smell the odor of alcohol coming from within the car. I asked Keane to step out so I can speak to him, to assert whether the odor was coming from him since there was a passenger in the car. Outside of the car, I could smell the scent of an unknown alcoholic beverage emitting from Keane's breath while at a conversational distance. I observed Keane's pupils to be dilated more than a normal person, the sclera of his eyes to be reddened and his eyes to be watery.

DRIVER'S STATEMENTS:

I asked Keane to perform a series of Standardized Field Sobriety Tasks (SFST's). Initially, Keane agreed to perform SFST's, but during the walk and turn exercise, Keane was uncooperative and unwilling to continue with the SFST's. I explained to Keane his Taylor warnings, and after several opportunities, Keane continues to be uncooperative and reluctant to continue with the SFST's. Keane admitted being drunk, stating that he made a mistake to drive. Keane said that he was at a wedding and that he got drunk there. "I was just trying to get home to my kids," Keane stated.

ODORS:

Odor of the impurities of an alcoholic beverage emitting from breath.

GENERAL OBSERVATIONS

SPEECH: Methodical

ATTITUDE: Uncooperative and reluctant

CLOTHING: _____

MEDICAL/OTHER: None mentioned

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 20 day of JANUARY 20 20 by Ofc. Romero

(Print name of Arresting/Investigative Officer), who is personally known to me and has produced the following type of identification produced

Personally Known


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



JAN 21 2020

SUBJECT: Keane, Trevor, Paul

CASE NUMBER 20000427

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:

Refer to Agency PC for further details on HGN and other SFST's.

WALK & TURN:

After Taylor warnings, and after several opportunities, Keane continues to be uncooperative and reluctant to continue with the SFST's. Not done

ONE LEG STAND:

After Taylor warnings, and after several opportunities, Keane continues to be uncooperative and reluctant to continue with the SFST's. Not done

ROMBERG ALPHABET:

After Taylor warnings, and after several opportunities, Keane continues to be uncooperative and reluctant to continue with the SFST's. Not done

FINGER TO NOSE:

BREATH TEST RESULTS: refused refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

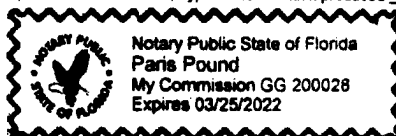
[Signature]

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of JANUARY 2020 by Ofc. Romero

(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)



JAN 26 2020



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

PBSO CASE # 20-028279 PBSO ZONE 3-13

AGENCY CASE # 20000427 CRASH CASE # _____

TIME OF STOP/CRASH 01:59 DATE 01/20/2020 DAY Monday

SUBJECT'S NAME Keane Trevor Paul RACE W SEX M
LAST FIRST MID

HGT 6'0" WGT 230 DOB 10/24/2026

LOCATION NORTHLAKE BLVD AND MILITARY TRAIL PBG, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Romero #502 AGENCY PBPGD

DIVISION: Road patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 02:45

ARREST TIME 02:14

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

01/20/2020
10:11:11

TESTING FACILITY TASK REPORT

AGENCY: PBGPD

SUBJECT: KEANE, TREVOR P CASE NUMBER: 20-028279

DATE: 01/20/20 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 02:04 ENDING TIME: 02:12

BREATH TESTS RESULTS: 1) R TIME 02:11 A.M./P.M. 2) N/A TIME --- A.M./P.M.

3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: P. POUND #24637

MAINTENANCE TECHNICIAN: J. KARLOCKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK

ATTITUDE: CALM, QUIET

CLOTHING: BLUE JEANS, WHITE SHIRT, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY + BROWN SHIRT

REFUSED

COMMENTS: ARRIVED AT CENTER A/P BEGAN THE 20

MINUTE OBSERVATION PERIOD AT 0245 HRS.

A. REFUSED TO TAKE TEST.

A/P ASKED I/P

B. STATED HE UNDERSTOOD I/P AND WOULD REFUSE
TEST AGAIN.

A/P READ RIGHTS

A. STATED HE UNDERSTOOD RIGHTS

A/P ATTEMPTED Q/I

REFUSED

B. REFUSED QUESTIONS.

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

I, Ofc. Romero, 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 20 day of January, 20 20, at 02:14 P.M. A.M.

DRIVER Trevor Paul Keane (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

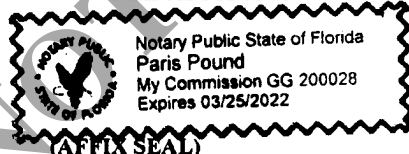
DL# K-500-815-84-384-0, state of FL, was placed under lawful arrest for the offense of DRIVING UNDER THE INFLUENCE by Ofc. Romero and issued Citation # AS6H75E (Name of Arresting Officer)

That on or about the 20 day of January, 20 20, at 0311 P.M. A.M. in PALM BEACH County,

I requested that the driver submit to a X 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 (Handwritten signature)

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



The foregoing instrument was sworn and subscribed before me this 20 day of JANUARY, 20 20, by Ofc. Romero

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

Notary Public (Handwritten signature)

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: 20000427

ARRESTING OFFICER: Ofc. Romero

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Smith

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Scene Safety

NAME: _____

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Scene Safety

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

1/11/2007

SUBJECT: KEANE, TREVOR P 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: _____

SUBJECT: KEANE TREVOR P 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 _____ 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

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



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: 2020002242	Date: 01/21/2020
	Specialist Name/ID: AM/31562

NOT A CERTIFIED COPY