22CT-8351 ANB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPARTMENT	78 - 22002618

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:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
Hood Rd/Alton RD, PBG, FL 33410	Hood Rd/Alton Rd, PBG , FL 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING AND RECOVERY
05/25/2022	22:36					4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): Khrystoforov, Andriy, Y | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	07/23/1965	601	220	Blue	Gray	Light	Medium

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description) | Marital Status | Religion | Indication of: Alcohol Influence (Y ☐ N ☑ Unk. ☐) Drug Influence (Y ☐ N ☑ Unk. ☐)

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
147 Sedona Way, Palm Beach Gardens, FL 33418				(561) 596-4829	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
147 Sedona Way, Palm Beach Gardens, FL 33418				(561) 596-4829	FLDL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K623-019-65-263-0 FL	[redacted]		Kiev, Ukraine	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ ☐	☐ ☐ ☐
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ ☐	☐ ☐ ☐

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 ☐ 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

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)(A)	

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

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

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

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

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

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

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

NOTICE TO APPEAR

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 June Day 29th Year 2022 Time 10:00 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: 05/25/2022 MAY 26 AM 7:15

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: x [signature] 545 | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print): Justin Kahn | I.D. #: 545

Intake Deputy: [signature] I.D. #: [illegible] Pouch # | Transporting Officer: J. Kahn | ID #: 545 | Agency: PBGPD | Witness here if subject signs with an -X-

SCANNED MAY 26 2022

PAGE 1 OF 1

053199

JM 3177

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 25th day of May 2022 at 22:25 ☐ AM ☑ PM

Subject: Khrystoforov, Andriy, Y Case Number: 22002618

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: Justin Kahn 545

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

-During my previous traffic stop I observed a white two door Mercedes pass extremely close to my vehicle, I motioned for the vehicle to move over with my flashlight, and then observed the vehicle pull into the right turn lane West of Alton Road on Hood Road. After completing my previous traffic stop, I observed the vehicle still stopped on the side of the road with the hazard lights illuminated. I conducted a welfare check on the vehicle and observed same to have two deflated driver side tires. I made contact with the driver and lone occupant, identified via Florida Driver License photo, Andriy Khrystoforov.

OBSERVATION OF DRIVER:

-Slurred/slow pattern of speech
-Low mumbling tone of voice
-Flushed Face
-Glassy/Watery eyes
-Droopy Eyelids
-Cooperative
-Nervous tapping
-Swaying
-Body tremors

DRIVER STATEMENTS:

-Advised he was trying to get home and he pulled over with two flat tires. The drivers side front and rear tires.

-Denied consuming alcohol on this night.

ODORS: unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred/Slow, Low/Mumbling

ATTITUDE: Relaxed/Compliant, Nervous tapping hands frequently

CLOTHING: Blue Shirt, blue pants, white shoes

MEDICAL/OTHER: none stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

J Kahn 545
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 26th day of May 2022 by Justin Kahn 545 who is ☑ personally known to me or ☐ produced _____.

Notary Public, Clerk of Court, Officer (FSS 117.10)

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

SCANNED
MAY 26 2022

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **Khrystoforov, Andriy, Y** Case Number: **22002618**

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE	*RIGHT EYE*
☑ Lack of Smooth Pursuit	☑ Lack of Smooth Pursuit
☑ Distinct & Sust. Nystag. at Max. Deviation	☑ Distinct & Sust. Nystag. at Max. Deviation
☐ Onset of Nystagmus Prior to 45 Degrees	☐ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

swaying, moved head

Walk and Turn

-swaying during instruction phase
-missed 2 steps on the first set of nine
-improper turn
-missed six steps on the second set of nine
-not counting aloud

One Leg Stand

-Hands up more than six inches
-Swaying while balancing
-Hopped approximately 10 times
-Counting while foot is on the ground
-Foot on the ground three times ending the exercise

BREATH RESULTS: 1) .000 @ 2333 2) .000 @ 2336 3) URINE @ 2352 4) - @ -

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 26th day of May 20 22 by Justin Kahn 545 who is ☑ personally known to me or ☐ produced _____.

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

Notary Public, Clerk of Court, Officer (FSS 117.10)

STAMP

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 22-071209 PBSO Zone: 3-15

Agency Case #: 22002618 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 22:25 Date of Incident: 05/25/2022 Day: Wednesday

Location of Incident: Hood Rd/Alton Rd, PBG , FL 33410

Arrest Information:

Time of Arrest: 22:36 Date of Arrest: 05/25/2022 Day: Wednesday

Location of Arrest: Hood Rd/Alton RD, PBG, FL 33410

Subject's Name: (L) Khrystoforov, (F) Andriy, (M) Y

DOB: 07/23/1965 Race: W Sex: M Height: 601 Weight: 220 Hair Gray Eye Blue

Address: 147 Sedona Way, Palm Beach Gardens, FL 33418 Phone: (561) 596-4829

Arresting Officer's Name: Justin Kahn ID#: 545

Agency: PBGPD Division: Patrol

Breath Results

1) .000 at 23:33 hrs.
2) .000 at 23:36 hrs.
3) _____ at _____ hrs.
4) _____ at _____ hrs.

Urine

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 23:10

Subject Arrest Time: 22:36

Breath Test Operator: Ragin 16877
PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Khrystoforov, Andriy Y.

CASE NUMBER: 22-071209

DATE: May 26, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:29

ENDING TIME: 23:45

BREATH TESTS RESULTS: 1) .000 TIME 23:33 A.M.☐ P.M.☒ 2) .000 TIME 23:36 A.M.☐ P.M.☒

3) N/A TIME ——— A.M.☐ P.M.☐ 4) N/A TIME ——— A.M.☐ P.M.☐

BREATH OPERATOR: R. Ragin # 16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Accent

ATTITUDE: Calm, cooperative

CLOTHING: Blue jeans, light blue polo shirt, white sneakers

MEDICAL CONDITIONS: Yes

MEDICATIONS: Yes for my back don't know the names

OTHER:

Eyes glassy
Ofc. A.Flink ID# 514

COMMENTS:

Arrived at center A/O started 20 minute observation period at 23:10 hrs.

Subject agreed to take test.

Tech read breath test results.
Subject stated he understood test results.

A/O requested to provide urine at 23:39 hrs..
Subject agreed to provide urine.

A/O read I/C.
Subject stated he understood I/C and agreed to provide urine again.

A/O read rights.
Subject stated he understood rights.

A/O conducted Q&A.
Subject answer questions.

Urine provide @ 23:52

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 05/25/2022

Date of Last Agency Inspection: 05/13/2022
Observation Period Began: 23:10
Subject's Name: ANDRIY Y KHRYSTOFOROV DOB: 07/23/1965 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	23:31
Air Blank	0.000	23:32
Control Test	0.080	23:32
Air Blank	0.000	23:33
Subject Sample #1	0.000	23:33
Air Blank	0.000	23:34
Air Blank	0.000	23:36
Subject Sample #2	0.000	23:36
Air Blank	0.000	23:37
Control Test	0.079	23:37
Air Blank	0.000	23:37
Diagnostics Check	OK	23:37

Cylinder Lot: 29821080A4
Exp: 12/05/2023

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 05/25/22
Signature

Sworn to (or affirmed) before me this 25 day of May, 2022

_____ Ofc. J. Kahn # 545
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

PALM BEACH COUNTY
SHERIFF'S OFFICE
RIC L. BRADSHAW, SHERIFF

TOXICOLOGY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Case #: 22002618

Officer: Justin Kahn ID#: 545 Email: jkahn@pbgfl.com

Specimen Collected By: Justin Kahn Date: _____ Time: _____

Specimen Collected From: Khrystoforov, Andriy, Y Age: 41 Sex: M Hgt: 601 Wgt: 220

Specimen Type: ☐ Blood ☑ Urine ☐ Beverage ☐ Other-Describe _____

Type of Case: ☐ Traffic Crash ☐ Fatality ☑ DWI/DUI ☐ Other Date: 5/25/22 Time: 2236

Potential Felony? ☐ Yes ☑ No

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☑ No

If yes, name of Medication(s): N/A

Subject Arrested: ☑ Yes ☐ No

Breath Test Performed? ☑ Yes ☐ No Results: .000 .000 URINE -

Tests requested: ☐ Blood Alcohol ☐ Blood Drug Screen ☑ Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all DUI blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Toxicology Unit at 561-688-4814 or toxicologyrequest@pbso.org.

DRE exam performed: ☐ Yes ☑ No DRE Officer: N/A Agency: _____

DRE Opinion: _____ DRE Email: _____

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

none stated

-Slurred/slow pattern of speech
-Low mumbling tone of voice
-Flushed Face
-Glassy/Watery eyes
-Droopy Eyelids
-Cooperative
-Nervous tapping
-Swaying
-Body tremors

SCANNED
MAY 26 2022

SUBJECT: _____ 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: _____

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

SUBJECT: Khrystopher Andriy Y. 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 determining the presence of chemical or controlled substances.

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

I am J. Kuhn of the Palm Beach County Police Department

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X)

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)

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022013635	**Date:** 5/26/2022
	Specialist Name/ID: Chantel Daniels/30347