

22CT16907NB

162

A D M I N I S T R A T I O N	OBTS Number 0406299		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE										
	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4		22-003824															
	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		If Weapon Seized		Ester Type UNARMED		Multiple Clearance Indicator											
	Location of Arrest (Including Name of Business) W INDIANTOWN RD/INTERSTATE 95						Location of Offense (Business Name, Address) 7449 W INDIANTOWN RD/INTERSTATE 95, JUPITER, FL															
	Date of Arrest 10/07/2022		Time of Arrest 22:20		Booking Date		Booking Time		Jail Date		Jail Time											
	Name (Last, First, Middle) HAGAN, BRITTANY RAE																					
	Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.)																					
	Race W - White A - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 09/14/1990		Height 5'06		Weight 140		Eye Color BLUE		Hair Color BLONDE /		Complexion Light		Build SMALL					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>									
	Local Address (Street, Apt. Number) 17704 MELLE LN, JUPITER, FL 33478				(City)		(State)		(Zip)		Phone (561) 346-9618		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source							
Permanent Address (Street, Apt. Number) 17704 MELLE LN, JUPITER, FL 33478				(City)		(State)		(Zip)		Phone (561) 346-9618		Business Address (Name, Street) BRIO'S, 3101 PGA BLVD		(City)		(State)						
Business Address (Name, Street) BRIO'S, 3101 PGA BLVD				(City)		(State)		(Zip)		Phone		Occupation Manager/bartend										
DVL Number, State H250076908340 / FL				Sec. Ser. Number		INS Number		Place of Birth (City, State) PALM BEACH, FL		Citizenship US												
C O D E D	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							
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)										Residence Phone											
	<input type="checkbox"/> Legal Custodian										Business Phone											
	Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip)																					
	Notified by: (Name) _____ Date _____ Time _____										JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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 _____ Value of Property _____										
C H A R G E	Drug Activity S. Sell N. N/A P. Possess				R. Seize D. Deliver E. Use		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturates C. Cocaine E. Heroin		F. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description DUI - NORMAL FACULTIES IMPAIRED										Statute Violation Number 316.193(1)(A)		Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description										Statute Violation Number		Violation of ORD #										
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond								
Charge Description										Statute Violation Number		Violation of ORD #										
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond								
I N T A K E	Health / Apparent Physical Condition of Defendant										Any knowledge of the following: Explain: <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/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By		Released By		Released To							
	Transported By										Date Transported		Time Transported		Other							
N O T I C E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court										Location (Court, Room)											
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Court Date and Time											
	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.										No Photo Available											
S I G N A T U R E	Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed											
	Signature of Arresting Officer										Name Verification (Printed by Arrestee)											
	Name of Arresting Officer (Print) NOBLE, RILEY										I.D. # 1226											
	Intake Deputy										Transporting Officer Noble, Riley		Agency FL 1226 JPD									
A D M I N	Date 10/07/2022										Name Verification (Printed by Arrestee) OCT 8 AM 2:04											
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal										<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		PAGE 1 OF 1									

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 22-003824
Charge Type: Check as many as apply.				Special Notes:
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				

Name (Last, First, Middle) HAGAN, BRITTANY RAE	Alias	Race W	Sex F	Date of Birth 09/14/1990
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was just trying to make it home. I advised Hagan that if she refused to participate in the exercises I have requested, I would have to make an arrest decision based on what I have seen so far and the totality of circumstances. Hagan subsequently refused.

Based on my investigation, observations, and totality of circumstances, I have probable cause to believe that Brittany Hagan was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical, or controlled substance, to the point where her normal faculties were impaired, contrary to F.S 316.193. She was advised she was under arrest and placed into handcuffs at 2220 hours. After Hagan was placed into handcuffs, she became very argumentative, stating that she was almost home and we could just bring her home. She also demanded that someone go to her house and take care of her dog.

I then transported Hagan to the Palm Beach County Breath Alcohol Testing center. During the transport to the Breath Testing Center, Hagan continued to demand that I had someone go take care of her dog and then began to cry and state that she was sorry for what she did. I arrived at 2246 hours and placed her under a 20 minute observation period, during which she neither consumed nor regurgitated anything.

We then went on video with BAT technician O'Neal #6212. I requested that Hagan provide a breath sample. She refused and was read implied consent from a pre-printed card. She stated she understood and still refused at 2311 hours.

I placed Hagan in holding while all necessary paperwork was completed and subsequently booked her into the Palm Beach County Jail. He was given a criminal court date of 11/09/2022, 0830 hours.

Hagans vehicle was towed from the scene by East Coast Towing.

The above incident was captured on BWC. This narrative is a summary of the events and not purported to be verbatim.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F. SHARI L. O'NEAL Notary Public, State of Florida Commission # DS 972080 My Comm. Expires Jun 25, 2024 Bonded through National Notary Assn.	NOBLE, RILEY (1226)
	10-08-22	NAME OF OFFICER (PLEASE PRINT)
		10/08/2022
		DATE



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

PBSO CASE # 22-116739 PBSO ZONE 3-14

AGENCY CASE # 22003824 CRASH CASE # _____

TIME OF STOP/CRASH 2200 DATE 10/07/2022 DAY Friday

SUBJECT'S NAME Hagan Brittany R RACE W SEX F
LAST FIRST MID

HGT 5'6 WGT 145 DOB 09/14/1990

LOCATION W Indiantown Rd/I95

ARRESTING OFFICER'S NAME & ID Noble 1226 AGENCY Jupiter

DIVISION: _____

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 2246
 ARREST TIME 2220

BREATH RESULTS:

1)
2)
3)

REFUSED

NOT A CERTIFIED COPY

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

TESTING FACILITY TASK REPORT

AGENCY: JPD OFC. NOBLE #1226

SUBJECT: HAGAN, BRITTANY R.

CASE NUMBER: 22-116739

DATE: 10-07-22

VIDEO DVD NUMBER:

BEGINNING TIME: 23:10 HRS

ENDING TIME: 23:13 HRS

BREATH TESTS RESULTS: 1) TIME 23:11 A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

REFUSED

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, COOPERATIVE

CLOTHING: SHIRT-MAROON SHORTS- BLACK WASH JEAN

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O NOBLE #1226
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D.
D UNDERSTOOD THE I/C AS READ.
D STILL REFUSE AFTER THE I/C WAS READ TO HER.
C/W READ ON CAMERA, D REFUSED Q&A.

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

I, Officer Noble, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 7th day of October, 2022, at 1020 P.M.

DRIVER Brittany R Hagan
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H250076908340, state of FL, was placed under lawful arrest for

the offense of DUI - NORMAL FACULTIES IMPAIRED by Officer Noble and
(Name of Arresting Officer)

issued Citation # ADB9JDE

That on or about the 7th day of October, 2022, at 1113 P.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.

[Handwritten Signature]

Signature of Law Enforcement Officer or Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 7th day of October, 2022,

by Officer Noble 1226,

who is personally known to me or who has produced

Personally Known as identification

Notary Public [Signature]

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

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: 22003824

ARRESTING OFFICER: Officer Noble

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: Officer Shaff

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC for traffic stop

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: _____

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ADDRESS _____

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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: _____

NOT A CERTIFIED COPY

SUBJECT: BRITANN HANNA CASE NUMBER: 2200 2224

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: BRITNEY HAFAN

CASE NUMBER: 20003024

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 _____ of the _____

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) ROD ON CAMPA

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) ROD ON CAMPA

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL



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: 2022026337	Date: 10/8/2022
	Specialist Name/ID: Chantel Daniels/30347