0553279l

22CT10646

2843

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FL0 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 0 6 1 - 22-084674

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type

Multiple Clearance Indicator: 0 1

Location of Arrest (including Name of Business): Lyons Rd / Lake Royal Rd, Boynton Beach, FL

Location of Offense (Business Name, Address): Lyons Rd / Lake Royal Rd, Boynton Beach, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/05/2022	18:29	07/05/2022				Atlantic Towing, 880 NW 1st Ave., Boca Raton, FL 33432, (561) 358-1260

DEFENDANT

Name (Last, First, Middle): Loughlin, Christopher, John

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	9/11/1955	5'10	170	blue	brown	light	medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): none

Marital Status: Married

Religion: CATHOLIC

Indication of: Alcohol Influence: Y ☒ / Drug Influence: Unk ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 9107 Grayson Ct, Boynton Beach, FL 33473

Phone: (516) 528 0568

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone: ( )

Address Source: DL

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: retired

D/L Number, State: L245110553310, FL

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): Long Island, NY

Citizenship: US

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 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 was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) 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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence with property damage	1	☐Y ☒N	316.193(3c1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22-084674		

CHARGE

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

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

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): South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996

Court Date and Time: Month August Day 4th Year 2022 Time 08:30 A.M. X P.M.

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: 07/05/2022

JUL 6 AM 12:14

ADMIN

HOLD for other agency:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Inv. POINTU P. I.D. #: 16032

Agency Verification (Printed by) (PRINT)

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☒ Other

Intake Deputy / I.D. #: OT Hoiker / 7203

Pouch #:

Transporting Officer: Inv. POINTU P. I.D. #: 16032 Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 of 1

PBSO #0148 REV. 04/22 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5th DAY OF July 20 22, AT 16:55 AM ✓ PM

SUBJECT: Loughlin, Christopher, John CASE NUMBER: 22-084674

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. POINTU P.

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

Christopher Loughlin was driving his registered Audi Q5 bearing Florida tag 59ABUB northbound on Lyons road, and made a left turn toward Lake Royal Road, unincorporated Palm Beach County, Florida, in front of, and failing to yield, to a Mercedes bearing Florida tag PTVB34 and driven southbound on Lyons Road by Robert Winterstein. Both vehicle collided and the Audi finished its course on Lake Royal Road. Joshua Manning was working near the intersection at the time of the crash and observed the vehicles spinning and went to the Audi and observed Loughlin as the driver and sole occupant of the Audi. Manning recognized Loughlin as a resident of the community. CSA Foster (#9097) conducted the crash investigation.

OBSERVATION OF DRIVER:

Loughlin had a slurred speech. Instead of providing his driver license he presented his Global Entry card. He appeared unable to focus on one task. His eyes were glassy and bloodshot. He was very unsteady on his feet. An obvious odor of unknown alcohol was coming from his breath.
Had to urinate on the side of the road.

DRIVER'S STATEMENTS:

Loughlin said he drank one glass of wine at 9 am today. He denied taking any illegal drugs.

ODORS:

Obvious odor of unknown alcoholic beverage that become stronger when he talked.

GENERAL OBSERVATIONS

SPEECH: **Slurred, mumbled at time.**

ATTITUDE: **Cooperative, repetitive, forgetful, unable to focus on a task.**

CLOTHING: **green t shirt, white shorts, gray shoes**

MEDICAL/OTHER: **Ozempic, Otezla, Ramipril, Alprazolam, Robinul, Pentobarbitol**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of July 20 22 by Inv. POINTU P.

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

PARIS POUND
MY COMMISSION # HH 202850
EXPIRES: March 25, 2026
Bonded Thru Notary Public Underwriters

SUBJECT: Loughlin, Christopher, John CASE NUMBER 22-084674

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Pupils round and equal. No resting nystagmus. Equal tracking. Onset of HGN at approximately 35 degrees. VGN present. LOC present. Swayed during the task. Did not maintain the instructional stance. Moved his head.

WALK & TURN:

Loughlin could not maintain the instructional stance. He started before being told. He did not touch heel to toe at every steps. He stepped off the line multiple times. He used his arms to balance. He took an improper number of steps. He did not count out loud. He did not turn as instructed and he did not walk back.

ONE LEG STAND:

Loughlin did not extended his leg. He swayed while balancing. He used his arms to balance. He did not count as instructed. He put his foot down multiple times.

FINGER TO NOSE:

After being instructed twice and confirming he understood, Loughlin did not perform the task and turned his head instead. He opened his eyes multiple times, swayed, widened his stance.

ROMBERG ALPHABET:

Loughlin was unable to recite the alphabet properly. He tilted his head forward, opened his eyes, swayed, did not maintain the instructional stance, moving his arms.
For the Modified Romberg balance, he stopped the 30 seconds task at approximately 25 seconds. He opened his eyes, crossed his arms, looked around, widened his stance and swayed.

BREATH TEST RESULTS: **0.043** **0.039** **Urine**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of July 2022 by Inv. POINTU P.

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

PARIS POUND
MY COMMISSION # HH 202850
EXPIRES: March 25, 2026
Bonded Thru Notary Public Underwriters

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: 80-006477 Software: 8100.27
Date of Test: 07/05/2022

Date of Last Agency Inspection: 06/03/2022
Observation Period Began: 18:49
Subject's Name: CHRISTOPHER J LOUGHLIN DOB: 09/11/1955 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	19:14
Air Blank	0.000	19:15
Control Test	0.079	19:15
Air Blank	0.000	19:16
Subject Sample #1	0.043	19:16
Air Blank	0.000	19:17
Air Blank	0.000	19:19
Subject Sample #2	0.039	19:20
Air Blank	0.000	19:21
Control Test	0.080	19:21
Air Blank	0.000	19:22
Diagnostics Check	OK	19:22

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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 PARIS D POUND, 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: 07/05/22
Signature

Sworn to (or affirmed) before me this 5TH day of July, 2022

_____ INV. P. POINTU
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

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: LOUGHLIN, CHRISTOPHER J

CASE NUMBER: 22-084674

DATE: Jul 5, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 19:12

ENDING TIME: 19:32

BREATH TESTS RESULTS: 1) .043 TIME 19:16 A.M.☐ P.M.☒ 2) .039 TIME 19:20 A.M.☐ P.M.☒

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

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM

CLOTHING: KHAKI SHORTS, MINT COLOR SHIRT, AND GRAY SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE / YES

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 18:49 HRS.

SUBJECT: AGREED TO TAKE TEST

TECH: READ TEST RESULTS
SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ASKED FOR A URINE SAMPLE AT 18:24 HRS
SUBJECT: STATED HE WOULD PROVIDE A URINE SAMPLE

A/O: READ I/C
SUBJECT: STATED HE UNDERSTOOD I/C AND WOULD PROVIDE A URINE SAMPLE AT 18:26 HRS

A/O: READ RIGHTS
SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q&A
SUBJECT: ANSWER QUESTIONS

SUBJECT: PROVIDED A URINE SAMPLE AT 19:35 HRS
NO DRE CONDUCTED

SUBJECT: LOUGHLIN, CHRISTINE K CASE NUMBER: 2-084674

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)_____

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: LOUGHLIN CHRISTOPHER CASE NUMBER: 22-064674

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: _____

WITNESS LIST

CASE NUMBER: 22-084674

ARRESTING OFFICER: Inv. POINTU P.
ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406
PHONE NUMBERS (HOME): (WORK) (561) 688 3000
CAN TESTIFY TO: DUI Investigation, see PC

NAME: CSA Foster (#9097)
ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406
PHONE NUMBERS (HOME) () (WORK) (561) 688 3000
CAN TESTIFY TO: crash investigation, initial observations

NAME: Manning, Joshua, Michael
ADDRESS 1329 Via De Pepi, Boyton Beach, FL 33426
PHONE NUMBERS (HOME)() (WORK) (978) 836 7760
CAN TESTIFY TO: wheel witness

NAME:
ADDRESS
PHONE NUMBERS (HOME)() (WORK) ()
CAN TESTIFY TO:

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CAN TESTIFY TO:

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: 2022017167	**Date:** 7/6/2022
	Specialist Name/ID: Pinkneya/7796