

50. 2022. CT - 016938 ASB

Marsy's Law CVI FL. Const. Art. 1 § 18(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 Copies 1 Juvenile N

ADMINISTRATIVE
OBTS Number
Agency ORI Number: FLD 5 0 0 0 0 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number (N.T.A.'s only): 0 6 | 22-117369
Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
Location of Arrest (including Name of Business): South State Road 7 / Clint Moore Rd, Boca Raton, FL 33446 Location of Offense (Business Name, Address): South State Road 7 / Clint Moore Rd, Boca Raton, FL 33446
Date of Arrest: 10/10/2022 Time of Arrest: 04:15 Booking Date: 10/10/2022 Booking Time: Jail Date: Jail Time: Location of Vehicle: Zaccata's Towing, 633 Industrial Ave., Boynton Beach, FL 33426, (561) 737-1212

DEFENDANT
Name (Last, First, Middle): Myers, Clint, Jordan Alias (Name, DOB, Soc. Sec. #, Etc.):
Race: W - White 1 - American Indian B - Black O - Oriental/Asian W M Sex: M Date of Birth: 1/20/1988 Height: 5'11 Weight: 250 Eye Color: hazel Hair Color: brown Complexion: light Build: large
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): arm and chest Marital Status: Divorced Religion: CHRISTIAN Indication of Alcohol Influence Drug Influence: Y N Unk
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone: (954) 395 4993 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: CDL driver
D/L Number, State: M620110880200, FL Soc. Sec. Number: INS Number: Place of Birth (City, State): Broward Memorial, FL 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
Co-Defendant (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 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.
Property Crime? Yes No Description of Property Value of Property

CHARGE
Drug Activity: N. N/A R. 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 Description: Driving Under the Influence Counts: 1 Domestic Violence: Y N Statute Violation Number: 316.193(1)(c) Violation of ORD #: Warrant / Capias Number: 22-117369
Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #: Warrant / Capias Number:
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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: November Day: 8 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: 10/10/2022

ADMIN
HOLD for other agency: Signature of Arresting Officer: Name Verification (Printed by Arrestee):
Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print): Inv. POINTU P. I.D. # 16032 (PRINT)
Intake Deputy: I.D. # Pouch #: Transporting Officer: Inv. POINTU P. I.D. # 16032 Agency: PBSO Witness here if subject signed with an "X" PAGE 1 OF

JOSEPH ABUNDIO, CLERK
PALM BEACH COUNTY, FL
SUN CLUB

0535161

1439

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number		Agency Name		Agency Report Number				
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06-22-11738				
Charge Type: Check as many as apply.		Special Notes:						
<input type="checkbox"/> 1. Felony <input checked="" 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								
CHARGES / DEF	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth	
	Myers Clint		Jordan		W	M	01/20/1988	
D.U.I.		316.193(1)						
VICTIM	Victim's Name (Last, First, Middle)		Race		Sex	Date of Birth		
	State of Florida							
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source
Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody								
<input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.				<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.				
On the <u>10TH</u> day of <u>October</u> , 20 <u>22</u> at <u>03:36</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
<input type="checkbox"/> Morsay's Law CVI FL Const. Art. 1 § 15(b)								
<p>On October-10th 2022 at approximately 0324 hours, I responded to a call of a reckless driver. The caller stated that a black vehicle was swerving all over the roadway in the area of Atlantic Ave and State Rd 7.</p> <p>I observed a black vehicle traveling northbound on State Rd 7 at approximately Stone Bridge County Club unable to maintain its lane. I positioned my patrol vehicle behind the black Nissan bearing FL tag 6756AT. The vehicle suddenly lost all control and drifted over to the north bound lanes while traveling south. For safety reasons I immediately activated my over headlights and siren to initiate a traffic stop. The vehicle then traveled back over to the southbound lanes by driving over the median. I made a u turn and the nearest intersection and got back behind the vehicle. The vehicle came to a complete stop at Clint Moore Rd. and State Rd 7. I made contact with the driver, he identified himself as Clint Myers via FLDL. I asked Myers why he had just swerved all the way over to the northbound lanes while traveling south. Myers stated that he was distracted looking at his phone. I observed Myers speech was slow and slurred. I asked Myers if he had been drinking and he stated "no". Myers then stated that he was just leaving his buddy's house and he was also an Uber driver.</p> <p>Based upon my observations, Investigator Pointu #16032 was requested to the scene.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		Agt. _____ (ID #) _____					
	(Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>10th</u> day of <u>October</u> , 20 <u>22</u> by Agt. _____				KNOWN		LEO	
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)		_____						
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		_____						
						PAGE 1 OF 1		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10th DAY OF October 2022, AT 03:24 AM PM

SUBJECT: Myers, Clint, Jordan CASE NUMBER: 22-117369

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)

Agent [redacted] responded to a call for a reckless driver in the area of Atlantic Avenue and State Road 7 in unincorporated Boca Raton, Palm Beach County, Florida. He located a black vehicle matching the description swerving all the way to the northbound lanes while going southbound. He initiated a traffic stop of the vehicle that was identified as a Nissan Sentra bearing Florida tag 6756AT.

The driver and only occupant was identified by his Florida driver license as Clint Myers. Myers was also the registered owner of the Nissan.

OBSERVATION OF DRIVER:

Myers had glassy and bloodshot eyes. His speech was slurred. An obvious odor of unknown alcohol beverage was coming from his breath. Once asked to exit his vehicle he stumbled and his gait was unsteady.

DRIVER'S STATEMENTS:

Myers denied consuming any alcohol. He said he was driving home from a friend's house in West Palm. He explained his swerving on the road by saying he was looking at his cellphone. Multiple times he said he was ok as his house was right there. Once at the BAT, post Miranda, Myers admitted having a couple of beers but said he was fine to drive because he was a commercial driver.

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: cooperative

CLOTHING: black t-shirt, blue jeans, brown boots

MEDICAL/OTHER: none disclosed

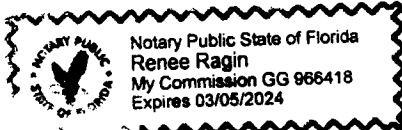
STATE OF FLORIDA
COUNTY OF PALM BEACH

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

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of October 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

Renee Ragin (#16877)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Myers, Clint, Jordan

CASE NUMBER 22-117369

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:

Pupils round and equal. No resting nystagmus. Equal tracking. Onset of HGN at approximately 35 degrees. VGN present. LOC present. Swayed during the task.

WALK & TURN:

Myers did not touch heel to toe on every steps. He did not count out loud and took an improper number of steps (12 on the way out and 11 on the way back). He did not turn as demonstrated.

ONE LEG STAND:

Myers attempted to raise his left leg. He put his foot down to the ground multiple times. He did not count out loud. He swayed while balancing and used his arms to balance. He eventually stopped the task before being told.

FINGER TO NOSE:

Myers at the first command of task 1 did not perform and had to be reminded the task. He used the pad of his finger on all tasks instead of the tip. He had to be reminded to lower his hand on tasks 1, 2 and 3. On tasks 2 and 5 he touched the bridge of his nose instead of the tip. On task 3 he touched right side of his nostril. He also tilted his head forward.

ROMBERG ALPHABET:

Myers recited the alphabet properly but swayed. For the Romberg balance, Myers stopped the 30 seconds count at approximately 24 seconds. He swayed in all directions.

BREATH TEST RESULTS: 0.121 0.125

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 10th day of October 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

Renee Ragin (#16877)

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



WITNESS LIST

CASE NUMBER: 22-117369

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: Agent [REDACTED]

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: Driving pattern, wheel witness. See supplemental PC

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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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

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

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

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
Subject stated he had 2 beers in Q&A

COMMENTS:

Arrived at center A/O started 20 minute observation period at 04:53 hrs.

Subject agreed to perform breath test.

Subject asked what if he refused to take the test.

A/O read I/C and subject stated he understood I/C.
Subject agreed to take test.

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

Tech read breath test results.

A/O conducted Q&A.
Subject answered Q&A.

SUBJECT: 11.1.11.11.11 CASE NUMBER: 2017069

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: _____

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: 80-006240 Software: 8100.27
Date of Test: 10/10/2022

Date of Last Agency Inspection: 09/16/2022
Observation Period Began: 04:53
Subject's Name: CLINT J MYERS

DOB: 01/20/1988 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	05:19
	Air Blank	0.000	05:19
	Control Test	0.081	05:20
	Air Blank	0.000	05:20
	Subject Sample #1	0.121	05:20
	Air Blank	0.000	05:21
	Air Blank	0.000	05:23
	Subject Sample #2	0.125	05:23
	Air Blank	0.000	05:24
	Control Test	0.081	05:24
	Air Blank	0.000	05:25
	Diagnostics Check	OK	05:25

Cylinder Lot: 08622080A1
Exp: 06/05/2024

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: 10/10/22
Signature

Sworn to (or affirmed) before me this 10 day of Oct., 2022
Signature of Notary Public-State of Florida Inv. P. Pointu # 16032
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.



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

PBSO CASE # 22-117369 PBSO ZONE 7-51

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 03:24 DATE 10/10/2022 DAY Monday

SUBJECT'S NAME Myers, Clint, Jordan RACE W SEX M

HGT 5'11 WGT 250 DOB 1/20/1988

LOCATION South State Road 7 / Clint Moore Rd, Boca Raton, FL 33446

ARRESTING OFFICER'S NAME & ID Inv. POINTU P. (16032) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID/DUI

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 04:53

ARREST TIME 04:15

BREATH RESULTS:

.121
.125

NOT A CERTIFIED COPY

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A



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 checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	3,5,7,9
	<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: 2022026489	Date: 10/11/2022
	Specialist Name/ID: Pinkneya/7796