

50-2022-CT-016929ANS

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 22-003873	
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 Enter Type: UNARMED		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 7449 W INDIANTOWN RD/INTERSTATE 95, JUPITER, FL 33458			Location of Offense (Business Name, Address) 7449 W INDIANTOWN RD/INTERSTATE 95, JUPITER, FL 33458			
Date of Arrest 10/10/2022	Time of Arrest 21:48	Booking Date 10/10/2022	Booking Time 21:58	Jail Date // : :	Jail Time	Location of Vehicle

Name (Last, First, Middle) CHIRINO, CRISTINA APRIL		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 04/01/1995	Height 5'04	Weight 160	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status	Religion UNKNOWN	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 11279 150TH CT N, JUPITER, FL 33478		(City)	(State)	(Zip)	Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2
Permanent Address (Street, Apt. Number) 11279 150TH CT N, JUPITER, FL 33478		(City)	(State)	(Zip)	Phone	Address Source
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation
D/A Number, State C650101956210 / FL	Soc. Sec Number	INS Number	Place of Birth (City, State) NORTH MIAMI, FL	Citizenship		

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Other	Name (Last, First, Middle)	Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)	(City) (State) (Zip)
Business Phone	Notified by: (Name)	Date Time
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 355-2526) informed of any change of address.

Yes, by: No

Drug Activity	S. Sell	R. Smuggle	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown
N. N/A	B. Buy	D. Deliver	E. Use			N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
P. Possess	T. Traffic					A. Amphetamine	E. Heroin	O. Opium/deriv.		

Charge Description DUI - BREATH .08 OR ABOVE	Statute Violation Number 316.193(1)(C)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit
Offense #	Courts 1	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 #	Courts	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 #	Courts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Capias Number	Bond	

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Emotional <input type="checkbox"/> Medication <input type="checkbox"/> Disabilities <input type="checkbox"/> Injuries
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	Released By
Transported By	Date Transported Time Transported Other

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) North County PALM BEACH GARD
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 11/16/2022 08:30:00
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 FOR MY ARREST SHALL BE ISSUED.	
Signature of Defendant (or Juvenile and Parent/Custodian)	Date Signed

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) PICARD, RONNIE	(PRINT) OCT 11 AM 12:52
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	I.D. # 1240	PAGE
Intake Deputy	Transporting Officer PICARD	I.D. # Agency 1240 JUPITE
		Witness here if subject signed with an "X".

J# 0535126

#1151

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: FL 0501700 Agency Name: JUPITER POLICE DEPARTMENT Agency Report Number: 5 4 22-003873

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): CHIRINO, CRISTINA APRIL Race: W Sex: F Date of Birth: 04/01/1995

Charge Description: 316.193(1)(C) DUI - BREATH .08 OR ABOVE

Victim's Name (Last, First, Middle): State Of Florida Local Address (Street, Apt. Number) Business Address (Name, Street)

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... committed the below acts in my presence. was observed by... who told that he/she saw the arrested person commit the below acts. was found to have committed the below acts, resulting from my (described) investigation. On the 10 day of October, 2022 at 23:16 (Specifically include facts constituting cause for arrest.)

At approximately 21:27 hours on 10/10/2022, I was conducting patrol in the Jupiter West Plaza in the Town of Jupiter, Palm Beach County, FL. I observed a red Hyundai bearing Fl tag CHI333 driving through the east side of the plaza with no head or tail lights on. The vehicle pulled out of the plaza onto N Central Blvd, traveled south and made a right turn onto to S.R. 706 (W Indiantown Rd). The vehicle began traveling west and was still driving without the lights on. I then conducted a traffic stop at Interstate 95 and S.R. 706 (W Indiantown Rd).

The driver and later found to be the offender, Cristina April Chirino; W/F; 04/01/1995; stated she was unaware her lights were off and seemed confused. I asked Chirino where she was coming from, she stated Wal-Mart. I told Chirino I observed her in the Jupiter West Plaza, Wal-Mart is not in that plaza. I asked Chirino again where was she coming from, I gave examples of establishments in that plaza like Uncle Micks and Panera, to which she replied Panera. At this point I asked Chirino if she had been drinking tonight, and she advised she had been drinking at Uncle Mick`s. I then asked Chirino if she could step out of her vehicle. When Chirino stepped out of the vehicle she was unsteady on her feet.

Based on my observations, I asked Chirino if she could perform Standardized Field Sobriety Tasks, and Chirino consented to perform the tasks.

As a result of the Standardized Field Sobriety Tasks, Chirino gave me many clues that indicated impairment (see DUI probable cause affidavit).

I placed Chirino under arrest, I placed handcuffs on her and double-locked them. I placed Chirino in the back right seat of my patrol vehicle.

I transported Chirino to the Palm Beach County Breath Alcohol Testing Facility where I

SWORN AND SUBSCRIBED BEFORE ME Notary Public State of Florida Thomas H Leahey My Commission GG 347108 Expires 06/20/2023 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PICARD, RONNIE (1240) NAME OF OFFICER (PLEASE PRINT) DATE 10/10/2022

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 22-003873
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) CHIRINO, CRISTINA APRIL	Alias	Race W	Sex F	Date of Birth 04/01/1995
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conducted a 20 minute observation period to ensure Chirino did not ingest or regurgitate anything. At the conclusion of the observation period, I requested Chirino provide a lawful sample of her breath for the purpose of determining the alcohol content. Chirino consented and provided two, adequate breath samples of .139 and .137, both were well over the legal, per se, limit of .08. The results of the breath were stated to Chirino, she said she understood the test results.

As a result of the above investigation, Chirino was charged with driving under the influence pursuant to Florida State Statute 316.193 (1) (C), she had a breath-alcohol level of 0.08 or higher.

Chirino was booked into the Palm Beach County Jail without incident.

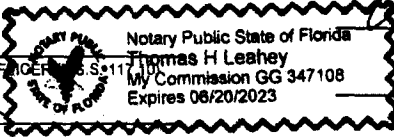
My department-issued Axon BWC was activated during the above investigation.

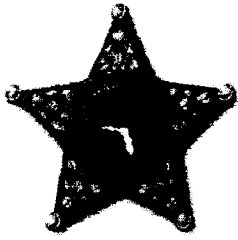
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ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
	<i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER DATE <u>10/11/2022</u>		NAME OF OFFICER (PLEASE PRINT) PICARD, RONNIE (1240) DATE <u>10/10/2022</u>



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

PBSO CASE # 22-117656 PBSO ZONE 3-14

AGENCY CASE # 22-003873 CRASH CASE # _____

TIME OF STOP/CRASH 21:27 DATE 10/10/2022 DAY Monday

SUBJECT'S NAME Chirino Cristina April RACE W SEX F
LAST FIRST MID

HGT 5'4 WGT 160 DOB 04/01/1995

LOCATION W Indiantown Rd/ Interstate 95

ARRESTING OFFICER'S NAME & ID R. Picard 1240 AGENCY Jupiter

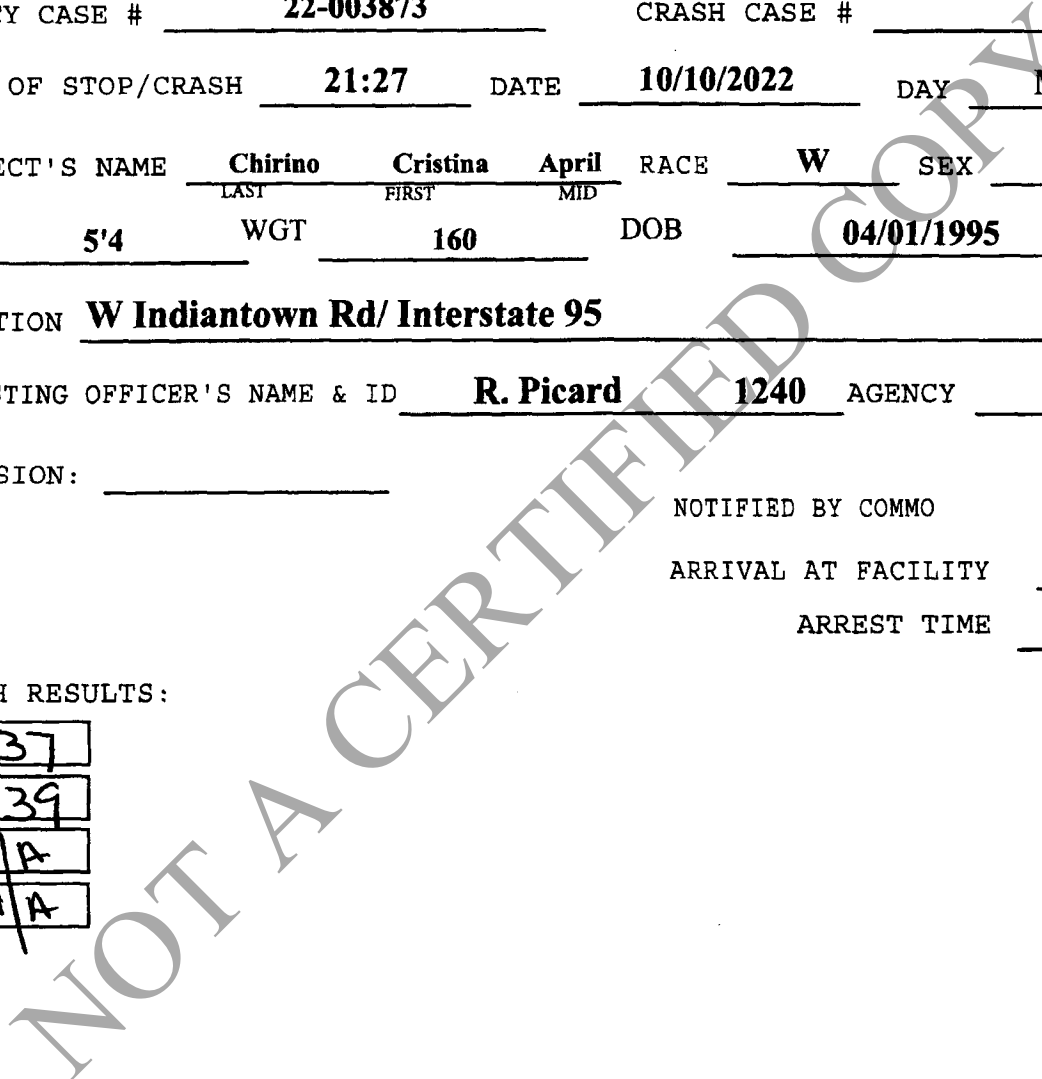
DIVISION: _____

NOTIFIED BY COMMO Yes
 ARRIVAL AT FACILITY 22:25
 ARREST TIME 21:48

BREATH RESULTS:

- 1) .137
- 2) .139
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 40577 PBSO VIDEOTAPE # N/A



SUBJECT: CHIRINO CRISTINA A CASE NUMBER: 22-00 3873

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) _____

SUBJECT: CHIKINO CRISTINA A CASE NUMBER: 22-003873

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: 22:25

Subject's Name: CRISTINA A CHIRINO

DOB: 04/01/1995 Sex: F

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	22:51
	Air Blank	0.000	22:52
	Control Test	0.080	22:52
	Air Blank	0.000	22:53
	Subject Sample #1	0.137	22:54
	Air Blank	0.000	22:55
	Air Blank	0.000	22:57
	Subject Sample #2	0.139	22:57
	Air Blank	0.000	22:58
	Control Test	0.079	22:58
	Air Blank	0.000	22:59
	Diagnostics Check	OK	22:59

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 MADELIN GONZALEZ, 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: [Signature] Date: 10/10/22
Signature

Sworn to (or affirmed) before me this 10 day of October, 2022
[Signature] OFF. R. PICARD
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.

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: CHIRINO, CRISTINA A

CASE NUMBER: 22-117656

DATE: Oct 10, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:48

ENDING TIME: 23:08

BREATH TESTS RESULTS: 1) .137 TIME 22:54 A.M. P.M. 2) .139 TIME 22:57 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: M. GONZALEZ #40577

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED

ATTITUDE: POLITE, QUITE, CALM

CLOTHING: POKADOT WHITE/BLACK PANTS, BLACK SHIRTS, BLACK SANDALS

MEDICAL CONDITIONS: PTSD, SHOULDER PROBLEMS, THYROID

MEDICATIONS: BIRTHCONTROL, THYROID MEDICATION, PTSD MEDS, HYDROCODONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:25 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A

SUBJECT: ANSWERED QUESTIONS

WITNESS LIST

CASE NUMBER: 22-003873

ARRESTING OFFICER: R. Picard

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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: 2022026530	Date: 10/11/2022
	Specialist Name/ID: M. Tooks #8557