J# 0386562 22CT10950 SB P# 599

☐ 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 -22085879

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): **Camino Real/Powerline Rd, Boca Raton. FL 33433**

Location of Offense (Business Name, Address): **Camino Real/Powerline Rd, Boca Raton, FL 33433**

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/09/2022	00:49hrs					

DEFENDANT

Name (Last, First, Middle): **Woodring, Danielle, Elizabeth**

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	F	4/22/1982	5'05	130	BROWN	BROWN	Tan	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: **Single**

Religion: **NONE**

Indication of: Alcohol Influence — Y ☒ N ☐ Unk ☐; Drug Influence — Y ☐ N ☐ Unk ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): **19123 Se Fernwood Dr, Tequesta, FL 33469**

Phone: **(561) 214-0166**

Residence Type: 1. City 2. County 3. Florida 4. Out of State: **02**

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

Phone: ( )

Address Source: **Verbal**

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

Phone: ( )

Occupation:

D/L Number, State: **W365165826420, FL**

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): **Wooster, Massachusetts**

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): C/OR

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	1	☐Y ☒N	316.193(1C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22085879		

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 **9th** Year **2022** Time **1300hrs** A.M. P.M. X

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: **07/09/2022**

JUL 9

ADMIN

HOLD for other agency:

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Signature of Arresting Officer: X [signature] 39045

Name of Arresting Officer (Print): **D/S O.Charelus #39045** I.D. #: **39045**

Name Verification (Printed by Arrestee): (PRINT)

Intake Deputy: GM Honeral 7246 I.D. # — Pouch #

Transporting Officer: **D/S O.Charelus** I.D. #: **39045** 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 9th DAY OF July 20 22, AT 23:42hrs AM ✓PM

SUBJECT: Woodring, Danielle, Elizabeth CASE NUMBER: 22085879

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S O.Charelus #39045

PERSONAL CONTACT

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

On Saturday, July 9th, 2022 at approximately 00:04hrs, I responded to Camino Real and Powerline Rd in unincorporated Boca Raton, Florida. Upon arrival, I made contact with D/S Swearinger #36179 who advised he stopped a white vehicle Toyota bearing FL tag: DVM7L. He made contact with the driver later identified as Danielle E Woodring (04/22/1982 W/F) by FL ID who was seen exiting the driver's seat and decided to urinate near her vehicle. Signs of impairment was observed and I responded to assist.

OBSERVATION OF DRIVER:

Upon making contact with the driver, I observed Danielle's movements to be slow and delayed. I also observed a clear cup containing an unknown yellow liquid with a slice of lime near the cup holder of the vehicle. I smelled the contents of the cup and detected an odor of an unknown alcoholic beverage. I observed Danielle to have red glassy blood shot eyes and had an obvious odor of an unknown alcoholic beverage coming from her breath.

DRIVER'S STATEMENTS:

Danielle stated she did not want to speak. During the Walk & Turn, Danielle stated the reason she couldn't keep her balance was because she can't do it while sober.

ODORS:

Danielle had an obvious odor of an unknown alcoholic beverage coming from her breath.

GENERAL OBSERVATIONS

SPEECH: **Slurred, Stuttered, Mumbled**

ATTITUDE: **Crying, Dazed, Incoherent, Quiet**

CLOTHING: **Disheveled**

MEDICAL/OTHER: **No Medical Issues**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S O.Charelus #39045
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of July 20 22 by D/S O.Charelus #39045

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

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SUBJECT: Woodring, Danielle, Elizabeth **CASE NUMBER** 22085879

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:

Danielle had obvious odor of an unknown alcoholic beverage coming from her breath. Danielle had glassy bloodshot eyes. Danielle had to be reminded to follow the stimulus multiple times. Danielle reacted slowly to the movement and appeared to be trying to catch up to the stimulus. Danielle was swaying and shaking during the exercise.

WALK & TURN:

During the Walk and Turn, Danielle could not stay in position, stepped off the line multiple times and used his arms for balance prior to beginning the exercise. Danielle was dazed and would not listen to the instructions. Danielle missed heel to toe and stepped off the line multiple times. Danielle stopped walking and took the improper amount of steps.

ONE LEG STAND:

During the One Leg Stand, Danielle was delayed in starting the exercise. Danielle did not keep his leg straight nor count correctly. Danielle swayed and put his foot down while counting. Danielle stopped the exercise prior to being told to.

ROMBERG ALPHABET:

During the Romberg Alphabet, Danielle was swaying while standing.

During the Modified Rhomberg, Danielle estimated 26sec as 30 seconds elapsed.

FINGER TO NOSE:

During the Finger to Nose, Danielle was swaying while standing. Danielle touched the tip of her nose with the pad of her finger for the first two commands of (Left and Right). Danielle had to be reminded after each command to return his arms back down to her side.

BREATH TEST RESULTS: 1) .207 | 2) .207 | 3) .215 | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S O.Charelus #39045
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of July 20 22 by D/S O.Charelus #39045

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

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Woodring, Danielle E

CASE NUMBER: 22-085879

DATE: Jul 9, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0202

ENDING TIME: 0221

BREATH TESTS RESULTS: 1) VNM TIME 0209 A.M. ☒ P.M. ☐ 2) .207 TIME 0213 A.M. ☒ P.M. ☐

3) .215 TIME 0218 A.M. ☒ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, low

ATTITUDE: calm/upset, crying

CLOTHING: blue jean shorts, magenta tank top, no shoes

MEDICAL CONDITIONS: depression

MEDICATIONS: Percocet

OTHER:

eyes were glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 observation period at 0140 hrs

subject agreed to perform breath test - would not follow instructions - not blowing, stopping before instructed to

A/O read I/C & subject understood I/C

subject agreed to perform breath test

subject completed breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject declined to answer questions

SUBJECT: _____ 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 _____ 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)_____

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

PBSO CASE # 22085879 PBSO ZONE 7-21

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 23:42hrs DATE 07/09/2022 DAY Saturday

SUBJECT'S NAME Woodring, Danielle, Elizabeth RACE W SEX F

HGT 5'05 WGT 130 DOB 4/22/1982

LOCATION Camino Real/Powerline Rd, Boca Raton. FL 33433

ARRESTING OFFICER'S NAME & ID D/S O.Charelus (39045) AGENCY Palm Beach County Sheriff's Office

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 01:40hrs

ARREST TIME 00:49hrs

BREATH RESULTS:

1) VNM
2) .207
3) .215
4)

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

SUBJECT: [illegible] CASE NUMBER: [illegible]

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: 80-006477 Software: 8100.27
Date of Test: 07/09/2022

Date of Last Agency Inspection: 06/03/2022
Observation Period Began: 01:40
Subject's Name: DANIELLE E WOODRING DOB: 04/22/1982 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	02:04
Air Blank	0.000	02:05
Control Test	0.079	02:05
Air Blank	0.000	02:05
Subject Sample #1	VNM*	02:09
Air Blank	0.000	02:09
Air Blank	0.000	02:11
Subject Sample #2	0.207	02:13
Air Blank	0.000	02:14
Air Blank	0.000	02:15
Subject Sample #3	0.215	02:18
Air Blank	0.000	02:19
Control Test	0.077	02:19
Air Blank	0.000	02:19
Diagnostics Check	OK	02:20

*Volume Not Met (0.169 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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 THOMAS H LEAHEY, 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: T Leahey Date: 07/09/2022
Signature

~~Sworn to (or affirmed) before~~ me this 09 day of July, 2022

[signature] 39045
Signature of Notary Public-State of Florida

D/S O Chevelus # 39045
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

WITNESS LIST

CASE NUMBER: 22085879

ARRESTING OFFICER: D/S O.Charelus #39045

ADDRESS: 17901 US Highway 441, Boca Raton, FL 33428

PHONE NUMBERS (HOME): 561-688-3400 (WORK)

CAN TESTIFY TO: DUI Investigation

NAME: D/S B. Swearinger #36179

ADDRESS: 17901 US Highway 441, Boca Raton, FL 33428

PHONE NUMBERS (HOME) 561-688-3400 (WORK)

CAN TESTIFY TO: Wheel Witness

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK) 0

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

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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:

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: 2022017532	**Date:** 7/10/2022
	Specialist Name/ID: M. Tooks #8557