0536694 22020830 815 4102

☐ Marsy's Law invoked - CVI present

ARREST / NOTICE TO APPEAR

O. On-View 3. Request for Warrant S. Summons T. Taken into Custody

O | JUVENILE ☐

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0500800	West Palm Beach Police Department	9 4 2022-0020069

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: UNARMED | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
299 SOUTHERN BLVD/S OLIVE AVE, WPB, FL	299 SOUTHERN BLVD/S OLIVE AVE, WEST PALM BEACH, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/14/2022	23:31	12/14/2022	23:41	/ / : :		

DEFENDANT

Name (Last, First, Middle): MCKAY, JESSICA LYNN | Alias: | Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, A - Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	02/24/1988	5'05	134	GREEN	BROWN	FAIR	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): | Marital Status: S | Religion: CHRISTIAN | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐ ☐ ☒

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Home Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
3915 S FLAGLER DR 216, WEST PALM BEACH, FL 33405				(561) 779-1995	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Mobile Phone	Address Source
3915 S FLAGLER DR 216, WEST PALM BEACH, FL 33405					FL DL

Business Address (Name, Street)	(City)	(State)	(Zip)	Work Phone	Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M200432885640 / FL	[redacted]		ANDERSON, IN,	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian | Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) | (City) | (State) | (Zip) | Business Phone

O.R.

Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

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. Disperses/ 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	Statute Violation Number	Violation of ORD #
DUI BREATH ALCOHOL 0.08 OR MORE PER 210 L	316.193(1C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health | PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / | Time Transported : : | Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): Criminal Justice — CRIMINAL JUSTICE COMPLEX
Court Date and Time: 01/26/2023 08:30:00 — 3228 GUN CLUB ROAD

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

SCANNED DEC 15 2022

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE.
I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY
AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE. (561) 779-1995 | INITIAL

No Photo Available

ADMIN

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other	Name of Arresting Officer (Print): GITTENS, THOMAS — I.D. #: 02263	(PRINT)
Intake Deputy: I.D. 2383 — Pouch #: 875	Transporting Officer: ~~GITTENS~~ YOUNG — I.D. ~~2383~~ 2252 — Agency: WPBPD	Witness here if subject signed with an "X".

PAGE 1 OF 1

Young # 2252

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DUI PROBABLE CAUSE AFFIDAVIT

On the 14th Day of December at 2312 A.M. P.M.

Subject: Jessica McKay Case Number: 20220020069

Agency: West Palm Beach Police Department Arresting Officer: Gittens #2263

Personal Contact

Driving Pattern Actual physical control (physical evidence putting the driver behind the wheel)

On December 14, 2022, at approximately 2237 I responded to vehicle accident at the intersection of Southern Blvd. and S Olive Ave. Officer Elliott witnessed the accident and advised me of the following upon my arrival. Officer Elliott stated he observed as a gray passenger car (765MCH) pass him traveling north on S Dixie Hwy. traveling at a high rate of speed. Officer Elliott attempted to catch up to the vehicle and conduct a traffic stop. Officer Elliott watched the vehicle turn east on to Southern Blvd. approaching the intersection of S Olive Ave. Officer Elliott observed the vehicle run into the rear bumper of a vehicle stopped at the red light. When Officer Elliot approached the gray passenger car he found the sole occupant, Jessica McKay seated in the driver's seat in physical control of the vehicle.

Observation of Driver

While making contact with Jessica, I observed her eyes were bloodshot and glassy. Jessica's speech was slurred. As Jessica spoke, I could detect a strong odor of an unknown alcoholic beverage emanating from her breath that became stronger as she spoke to me. When I had Jessica exit the vehicle, she was unsteady as she stood and walked.

Drivers Statements:

Jessica stated she was driving home from a friend's house close by but could not give an exact location. Jessica told me she was traveling home to 3915 S Flagler Dr. Jessica advised me she had consumed an entire bottle of wine prior to driving. Jessica stated her last drink was "within the hour".

Odors:

As Jessica spoke, I could detect a strong odor of an unknown alcoholic beverage emanating from her breath that became stronger as she spoke to me.

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SCANNED DEC 16 2022

General Observations

Speech: Slurred

Attitude: Uncooperative

Clothing: Black shirt and black shorts

Medical Problems/Medications: None

Other:

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Jessica McKay **Case Number:** 20220020069

Roadside Tasks

Horizontal Gaze Nystagmus

- ■ Left Eye Does Not Follow Smoothly
- ■ Left Eye Jerks at 45 Degree Angle or Less
- ■ Distinct Jerking Left Eye at Maximum Deviation
- ■ Right Eye Does Not Follow Smoothly
- ■ Right Eye Jerks at 45 Degree Angle or Less
- ■ Distinct Jerking Right Eye at Maximum Deviation

I explained to Jessica I would be checking her eyes and gave her instructions to follow my finger with her eyes and only her eyes. I held up my left index finger and told Jessica to look at the tip of my finger. I told Jessica to keep her head still. Jessica stated she understood. I checked Jessica's eyes for equal pupil size and resting nystagmus. Jessica had equal pupil size and did not have resting nystagmus. I told Jessica with her eyes and only her eyes only to follow the tip of my finger. I started passes with my finger from center to maximum deviation then back to center on each eye to check Jessica's eyes for equal tracking. Jessica's eyes tracked equally. After medically qualifying Jessica I immediately started passes on each eye from center to maximum deviation then back to center to check for lack of smooth pursuit. During the passes I saw nystagmus in each eye. After checking for lack of smooth pursuit I immediately started passes on each eye to check for distinct and sustained nystagmus at maximum deviation. I moved my finger from center to maximum deviation, holding at maximum deviation for approximately eight seconds then back to center for both eyes. During the passes I saw distinct and sustained nystagmus at maximum deviation in each eye. I started passes on each eye to check for onset of nystagmus prior to 45 degrees. I saw nystagmus prior to 45 degrees in each eye. After checking for onset of nystagmus prior to 45 degrees, I started two passes for vertical nystagmus and saw nystagmus in each eye.

Walk and Turn Task

I instructed Jessica to stand with her feet together and her arms down by her side. I asked Jessica to put her right heel touching her left toe along a line (parking stripe) extending straight off her left toe and to remain standing in that position until I told her to begin the evaluation. I asked Jessica if she understood those instruction and she said he did. I instructed Jessica when I told her to, she would take nine heel to toe steps along the line in front of her. I told Jessica that on her ninth step she would leave her lead foot on the line and make a series of small steps around and make nine heel to toe steps back along the same line. I told Jessica that it would look exactly like this and demonstrated the evaluation for her. I demonstrated the evaluation for Jessica. I told Jessica there were four things I wanted her to keep in mind while completing the evaluation. I told her to look at her feet at all times, count her steps out loud, keep her arms at her side at all times, and to not stop until she had completed the evaluation. Jessica asked me to repeat the instructions multiple times until Jessica eventually stated she understood all the instructions. Jessica failed to maintain balance during the instructional phase and started too soon. While conducting the evaluation Jessica displayed all six clues (stops while walking, uses arms for balance, steps offline, misses heel to toe, incorrect number of steps, and incorrect turn). After completing the evaluation Jessica stated she didn't understand the instructions and asked to start over.

One Leg Stand

I asked Jessica to stand with her feet together and her arms down by her side and I would tell her when to begin. I told Jessica when I told her to, I wanted her raise either one of her feet approximately six inches off the ground, parallel to the ground, and count out loud in the manner of "one thousand one, one thousand two, one thousand three" and so on until I told her to stop. I told Jessica it would look exactly like this and demonstrated it for her. I told Jessica there were four things I wanted her to keep in mind while performing the evaluation. I told Jessica to look at her raised foot at all times, count out loud, keep her arms at her side at all times, and to not put her foot down until I instructed her to. While giving the instructions Jessica stated she wanted to stop. I again advised her of her Taylor Warnings. Jessica stated she wanted to continue. I had to repeat the instructions multiple times until Jessica stated she understood the instructions. While conducting the evaluation Jessica displayed three of the four clues (uses arms for balance, sways, and puts foot down).

Finger To Nose

Refused

I told Jessica to stand with her feet together and her arms by her side. I asked Jessica if she knew her right from her left and she demonstrated she did. I had Jessica extend her index fingers while making a fist. I had Jessica face her palms toward me with her arms by his side. I told Jessica when I told her to, I wanted her to close her eyes and tilt her head back. I advised Jessica when I instructed her to, I would give her a command of either left or right. I told Jessica if I said right, I wanted her to touch the tip of her right finger to her nose and then return her hand back to her side. I told Jessica if I said left, I wanted her to touch the tip of her left finger to her nose and then return her hand back to her side. While giving the instructions Jessica became uncooperative and refused to listen to instructions.

Romberg Balance

Refused

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Breath Results from Instrument

1st Result 0.197 **2nd Result** 0.203 **3rd Result** (If Applicable)

State of Florida

County of Palm Beach

The Following Instrument was notorized or sworn before me this (DATE)

☐ Personaly Known ☐ Produced Identification ☐ Notary Public

Notary / Clerk of Courts / Officer (FSS: 117.10) *Signature of Arresting Officer*

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 12/14/2022

Date of Last Agency Inspection: 11/22/2022
Observation Period Began: 23:12
Subject's Name: JESSICA L MCKAY DOB: 02/24/1988 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	23:37
Air Blank	0.000	23:37
Control Test	0.082	23:38
Air Blank	0.000	23:38
Subject Sample #1	0.197	23:39
Air Blank	0.000	23:39
Air Blank	0.000	23:41
Subject Sample #2	0.203	23:42
Air Blank	0.000	23:43
Control Test	0.082	23:43
Air Blank	0.000	23:43
Diagnostics Check	OK	23:44

Cylinder Lot: 1356262
Exp: 08/03/2023

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (X) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I MORRIS J ARNESE, 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: _____ 1418 Date: 12/14/2022
Signature

Sworn to (or affirmed) before me this 14th day of Dec, 2022

_____ G. Hens, T.B. #2263
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

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SUBJECT: _____ CASE NUMBER: 20220020069

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.

OR

I am now requesting that you submit to a lawful test of your ☐ **BLOOD** for the purpose of determining its alcohol content and/or presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the West Palm Beach Police Department. If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended, or if you have been previously fined under F.S.S. 327.35215 for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended, or you have been previously fined under F.S.S. 327.35215 for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor, in addition to any other penalites which can be imposed by law. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

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.

SUBJECTS SIGNATURE: _____

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

CONSTITUTIONAL WARNINGS

1. You have the right to remain silent and not answer any questions
2. Any statement must be freely and voluntailry 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 can not 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.

SUBJECTS SIGNATURE: Read on Camera

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West Palm Beach Police Department
Breath Testing Facility Report

Defendant: McKay,Jessica Lynn **Case #:** 2022-20069

Arresting Officer: Ofc Gittens 2263 **Date:** 12/14/2022

Breath Test Resutls:

.197	g/210L	2339	Time	.203	g/210L	2342	Time
---	g/210L	---	Time	---	g/210L	---	Time

Note: Times are in Military Time

Breath Operator: Ofc Morris J Annese 1418

Maintenance Technician Inv J Ingrassia #1857

Testing Officer Observations:

Speech: slurred

Attitude: cooperative

Clothing: black shorts, black t-shirt, white socks

Medical Conditions: unknown

Medications: Adderall

Other:

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 2312 hours

Comments:

The defendant was observed by Ofc Gittens during the 20 minute observation period.

I observed the defendant had bloodshot glassy eyes and an odor of unknown alcoholic beverages on her breath. The defendant started to briefly cry but then stopped.

The defendant was asked to submit to a breath test and agreed. She gave 2 adequate breath samples.

The defendant was read her Miranda Warnings by Ofc Gittens and began answering the Questions and Answers. She then did not want to continue answering questions.

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SUBJECT: _____ CASE NUMBER: _____

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: _____

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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:	

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REVIEW COMPLETED BY

Booking Number: 2022032274	**Date:** 12/15/2022
	Specialist Name/ID: T.Howard/7185