22CT18302 SB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 40 22-013865

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

If Weapon Seized, Enter Type: UNARMED

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): N FEDERAL HWY/EASTVIEW AVE, DELRAY BEACH

Location of Offense (Business Name, Address): 800 NE 6TH AVE, DELRAY BEACH, FL 33483

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/28/2022	23:55	10/29/2022	00:05	10/29/2022	02:46	1599 N FEDERAL

DEFENDANT

Name (Last, First, Middle): CIARLONE, MICHAEL JOSEPH

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

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/25/1967	6'00	217	BROWN	BROWN	FAIR	LARGE

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

Marital Status: M

Religion: CHRISTIAN

Indications of: Alcohol Influence ☒ Yes ☐ No ☐ Unk ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 16 COLONIAL CLUB DR 105, BOYNTON BEACH, FL 33435

Phone: (407) 223-9073

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 16 COLONIAL CLUB DR 105, BOYNTON BEACH, FL 33435

Phone: (407) 223-9073

Address Source: FL DL

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

Phone:

Occupation:

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C645550670250 / FL	[redacted]		WESTCHESTER, PA,	US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian — 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 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 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	Statute Violation Number	Violation of ORD #
DRIVING WHILE UNDER INFLUENCE	316.193(1)A	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	22-013865	1	☐ Y ☒ N		

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 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 ☐ Determines ☐ 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): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 11/22/2022 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

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): WINDSOR, NICHOLAS — ID #: 1029

Name Verification (Printed by Arrestee) (PRINT)

Initial Deputy: Borullo — ID #: 18342 — Pouch #

Transporting Officer: WINDSOR — ID #: 1029 — Agency: DBPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

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PALM BEACH COUNTY FL CLERK OF COURTS 2022 OCT 29 AM 7:49

J# 05356021

2655

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29th DAY OF October 20 22 AT 2252 ☐am ☒pm

NAME: Clarione, Michael Joseph CASE NUMBER: 22-013995

AGENCY: Delray Beach Police Department ASSIGNED OFFICER: Windsor #1029 DBPD

PROBABLE CAUSE

I, THE UNDERSIGNED, BEING DULY SWORN, DEPOSE AND SAY THAT THE FACTS HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

The following occurred in the City of Delray Beach, County of Palm Beach, FL.
On 10/29/22 at 2252hrs Ofc. Cusson #1199 DBPD was sitting in the parking lot of 916 NE 5th Ave. Ofc. Cusson observed a red 2012 Volvo S60 (FL Tag #NEMM76) traveling southbound in the southbound lanes of NE 5th Ave. The Volvo was traveling at a high rate of speed. The Volvo continued north in the southbound lanes even as other vehicles were traveling toward the Volvo. The Volvo stopped prior to the intersection of NE 14th St. and Ofc. Cusson activated his emergency lights on his marked DBPD patrol vehicle and conducted a traffic stop at NE Federal Hwy. and Eastview Ave. Ofc. Cusson met with the white male driver and identified him by his FL DL as Michael Joseph Clarione. Clarione was sitting in the driver seat with the engine running and was in possession of the vehicle key fob. Clarione was the only person inside the Volvo. I arrived on scene to conduct a DUI investigation and confirmed Clarione's identity by his FL DL.

PHYSICAL INDICATORS:

I smelled an odor of an unknown alcoholic beverage coming from Clarione. Clarione's eyes were red and had a glassy appearance. Clarione's eyelids were droopy and had muscle tremors where his eyelids would shake. Clarione's speech was slurred and thick. Clarione was disoriented on where he entered NE 5th Ave. and began traveling northbound. Clarione swayed in circular motion while standing still. Clarione stumbled while walking and leaned against the Volvo to maintain his balance.

DEFENDANT'S RESPONSES:

Clarione stated he was at Johnny Brazas (301 E. Atlantic Ave., Delray Beach, FL) prior to driving. Clarione denied having any medical conditions or taking any prescription medications that would affect his ability to operate a motor vehicle. Clarione denied consuming any illegal drugs including marijuana. Clarione admitted to consuming one vodka and Clearbrook cocktail. Clarione stated he started drinking the cocktail around 2000hrs and finished the cocktail 20 minutes prior to leaving the business. Clarione stated he was on his way home when he was pulled over. Clarione stated he was following his GPS on his cell phone and watching the World Series on his cell phone when he heard the sound near on NE 5th Ave. Clarione stated he made two hand held breath tests. I asked Clarione if he ordered the white cloud lime mixture showing the mouthpiece and how many times I instructed him to blow into the device. Clarione replied by saying a number and he only blew with from his residence. I requested Clarione perform roadside tests and he refused. I advised Clarione of Tayler Warning and he stated he understood Tayler Warning. Clarione made a phone call instead of answering my request to perform roadside tests. After several requests and being advised several times of Tayler Warning, Clarione agreed to perform roadside tests.

OBSERVATIONS:

I smelled an odor of an unknown alcoholic beverage coming from Clarione.

GENERAL OBSERVATIONS

SPEECH: Slurred and Thick

ATTITUDE: Initially Polite but Became Agitated and Argumentative

CLOTHING: Pink Shirt, Gray Shorts and Black Shoes

MISCELLANEOUS: Anxiety

SWORN TO AND SUBSCRIBED BEFORE ME BY AFFIANT

[signature]

(Signature of Sworn to and Subscribed Officer)

This 29th day of October 22 Ofc. Windsor #1029

Personally Known

[signature]

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 08/20/2023

Notary Public-State of Florida (F.S.S 163.10)

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[redacted] Clarione, Michael Joseph [redacted]

[redacted]

[redacted]

☑ [redacted] ☑ [redacted]

☑ [redacted] ☑ [redacted]

☑ [redacted] ☑ [redacted]

[redacted]

Clarione placed his head several times and stopped following the stimulus light several times. Clarione had to be given instructions several times.

[redacted]

Clarione did not remain in the instructional phase position, stepping once his arms or balance. Clarione did not touch heel to toe on several steps. Clarione did not count out loud as instructed. Clarione did not turn around as instructed. Clarione stepped off the line several times. Clarione took the many steps on the return series.

ONE LEG STAND:

[redacted] perform this roadside task by standing on his left leg. Clarione stated he had a right hip injury and could not stand on his right leg. Clarione would not keep his arms down by his side during the instructional phase. Clarione repeatedly asked the same questions and did not follow my instructions and this roadside was not performed due to Clarione not following my instructions.

FINGER TO NOSE:

[redacted] Clarione was swaying while his head was tilted backward. Clarione did not touch the tip of his nose with the tip of his finger on several attempts. Clarione swayed in a circular motion while standing still.

ROMBERG ALPHABET:

[redacted]

Clarione swayed in a circular motion while standing still. Clarione recited the alphabet very rapidly and not in the non-rhythmic manner I instructed. I was unable to determine if Clarione recited the alphabet correctly due to his rapid speech.

Clarione performed a Modified Romberg Roadside and Clarione stated 30 seconds had passed when 33 seconds had elapsed.

[redacted] Refused [redacted] At [redacted] 0642hrs [redacted]

[redacted]

[redacted] 29th October 22 Ofc. Windsor #1029

Personally Known

[redacted]

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

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WITNESS LIST

CASE NUMBER: 22-013865

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

ADDRESS: 300 W ATALNTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: OFC. CUSSON #1199 DBPD

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP

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: _____

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: _____

NOT A CERTIFIED COPY

SUBJECT: [illegible] CASE NUMBER: 22-013665

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 [illegible] of the [illegible]

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) [illegible]

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) [illegible]

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SUBJECT: [illegible] CASE NUMBER: 22-012665

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: OFC J MASON #1129 WPD

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129C REV. 9/93

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

PBSO CASE # 22-123909 PBSO ZONE 422

AGENCY CASE # 22-013865 CRASH CASE # N/A

TIME OF STOP/CRASH 2252 DATE 10/28/22 DAY FRIDAY

SUBJECT'S NAME CIARLONE, MICHAEL J. RACE W SEX M

HGT 6'00" WGT 217 DOB 01/25/67

LOCATION N FEDERAL HWY / EASTVIEW AVE, DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR 1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0017

BREATH RESULTS: Arrest Time 2355

1.
2. REFUSED
3.
4.

TESTING OFFICER'S ID 19183

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TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Ciarlone, Michael J

CASE NUMBER: 22-123909

DATE: Oct 29, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0039

ENDING TIME: 0043

BREATH TESTS RESULTS: 1) R TIME 0042 A.M. ☒ P.M. ☐ 2) n/a TIME 0 A.M. ☐ P.M. ☐

3) n/a TIME 0 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, thick

ATTITUDE: talkative, agitated, argumentative

CLOTHING: Gray shorts, Pink shirt, black sneakers

MEDICAL CONDITIONS: Anxiety

MEDICATIONS: Clonapin, Paxil

OTHER:

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

REFUSED

COMMENTS:

arrived at center A/O conducted 20 observation period at 0017 hrs

subject refused to perform breath test - I want my lawyer

REFUSED

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

subject refused to perform breath test

A/O called refusal @ 0042

A/O attempted to read rights & subject talked over A/O

A/O did not attempt Q&A

subject invoked right to counsel

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[redacted]

Nicholas Windsor [redacted]

[redacted] Delray Beach Police Department [redacted]

[redacted] 28th [redacted] October [redacted] 22 [redacted] 2355 ☑ [redacted] ☐ [redacted]

[redacted] Michael Joseph Clarione [redacted]

[redacted] C645-550-67-025-0 [redacted] Florida [redacted]

[redacted] Driving Under the Influence [redacted] Ofc. Windsor #1029 DBPD [redacted]

[redacted] AGOKUUE

[redacted] 29th [redacted] October [redacted] 22 [redacted] 0042 ☐ [redacted] ☑ [redacted]

[redacted] Palm Beach [redacted]

[redacted] ☑ [redacted] ☐ [redacted]

[redacted]

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 08/20/2023

[redacted] 29 [redacted] October [redacted] 22

[redacted] Ofc N Windsor

[redacted] Kuan [redacted]

[redacted] I [redacted]

[redacted]

[redacted]

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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: 2022028305	**Date:** 10/29/2022
	Specialist Name/ID: Chantel Daniels/30347