0535778 22CT186394MB 3501

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number | | 1 | Juvenile ☐

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22126397

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

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
1302 S N ST Lake Worth, FL 33460	1302 S N ST Lake Worth, FL 33460

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/04/22	2322					PRIORITY TOWING

DEFENDANT

Name (Last) Hanson (First) Teresa (Middle) Sears Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	07/31/1958	5'07	128	HAZ	BRO	LIGHT	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description) | Marital Status: Married | Religion: Christianity | Indication of: Alcohol Influence Y ☐ N ☐ Unk. ☐; Drug Influence Y ☐ N ☒ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
1523 LINDA LOU DR WEST PALM BEACH, FL 33415	561-202-5305	2

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
		FL DL

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

D/L Number, State	INS Number	Place of Birth (City, State)	Citizenship
H525817587710, FL [redacted]		MACOMB, IL	USA

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 ☐ Legal ☐ Other: (Last) LOR (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 / OYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 365-2526) 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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I. OVER .15	1	☐Y ☒N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22126397		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I. NR	1	☐Y ☒N	~~316.193(1)c~~ NR	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22126397		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Refuse to sign Citation	1	☐Y ☒N	318.14(3)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22126397		

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
			22126397		

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406

Court Date and Time: Month 12 Day 01 Year 2022 Time 0830 AM ☒ PM ☐

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

X _____ 11/04/22
Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed

ADMIN

HOLD for other Agency Name: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X

Arresting Officer (Print): N. KOBITKA I.D. #: 37078

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy I.D. # Pouch #

Transporting Officer: N. KOBITKA ID #: 37078 Agency: PBSO

Witness here if subject signed with an -X-

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO 09148 REV. 04/22

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4TH DAY OF NOVEMBER 20 18 , AT 2300 ☐ AM ☒ PM

SUBJECT: Hanson Teresa Sears CASE NUMBER: 22126397

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: N. KOBITKA 37078

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Defendant was in possession of vehicle key, sitting in driver's seat and started vehicle in my presence while I was conducting a hit and run crash investigation (PBSO#22126388). Due to previous interactions, I was already aware of the defendant's possible intoxication.

OBSERVATION OF DRIVER:

Upon observing the defendant enter the driver-side of the vehicle and then start the vehicle, I made contact with her at the driver-side door. The defendant was argumentative and uncooperative.

DRIVER'S STATEMENTS:

Post Miranda: Defendant stated she had consumed 3-4 bottles of wine with friends, approx 3-4 glasses herself. Defendant stated she was only moving her vehicle into her friend's driveway.

ODORS:

Odor of unknown alcoholic beverage emitting from breath.

GENERAL OBSERVATIONS

SPEECH: **Slurred, Rambling, Irrational, Repetitive**

ATTITUDE: **Argumentative, Crying**

CLOTHING: **Disheveled clothing**

MEDICAL/OTHER: **Stated she had no medical conditions and takes no medications.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

N. KOBITKA 37078
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of November 20 22 by N. KOBITKA 37078

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

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

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

NOT A CERTIFIED COPY

SUBJECT: Hanson Teresa **CASE NUMBER** 22126397

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Defendant was unable to keep head straight and follow stimulus as directed.

WALK & TURN: SFST

I explained and demonstrated the instructions for the (Walk and Turn) Task for defendant, whom advised she understood. During the task, the defendant, was swaying in a side to side manner. The defendant, could not maintain her balance. The defendant, Started the task too soon and began to move about without listening to direction. During the defendant performing the task, she used her arms for balance.

ONE LEG STAND: SFST

I explained and demonstrated the instructions for the (One Leg Stand) Task for the defendant, whom advised she understood despite attempting to talk over me while I was explaining the task. The defendant was explained the task multiple times and started when she advised she was ready. The defendant raised her right foot from the ground and immediately used her arms for balance. She placed her right foot down multiple times and swayed side to side while losing her balance. At no point did the defendant count aloud as directed and attempted to continue the task on her own after it was concluded.

FINGER TO NOSE: REFUSED

Defendant attempted to walk away and therefore the tasks were concluded.

ROMBERG ALPHABET: REFUSED

Defendant attempted to walk away and therefore the tasks were concluded.

NOT A CERTIFIED COPY

BREATH TEST RESULTS: .183 .187

STATE OF FLORIDA
COUNTY OF PALM BEACH

N. KOBITKA 37078
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of November 20 22 by N. KOBITKA 37078

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

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

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

NOT A CERTIFIED COPY

PBSO CASE # 22126397 PBSO ZONE 14-42

AGENCY CASE # N/A CRASH CASE # N/A

TIME OF STOP/CRASH _____ DATE 11/04/2022 DAY Friday

SUBJECT'S NAME Hanson (LAST) Teresa (FIRST) Sears (MID)

DOB 07/31/1958 HGT 5'07 WGT 128 RACE W SEX F

LOCATION 1302 S N ST Lake Worth, FL 33460

ARRESTING OFFICER'S NAME & ID N. KOBITKA 37078 Palm Beach County Sheriff's Office (AGENCY)

DIVISION: Road Patrol

NOTIFIED BY COMMO Yes

BREATH RESULTS:

1 .183
2 .187
3 N/A
4 N/A

ARRIVAL AT FACILITY 2350

ARREST TIME 2322

19183 T. Leahey
BAT TECH. OFFICER NAME & ID

N/A
PBSO VIDEOTAPE #

WITNESS LIST

CASE NUMBER: 22126397

ARRESTING OFFICER: D/S N. KOBITKA #37078

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: DUI Investigation

NAME: D/S M. COLLURA #26708

ADDRESS: 3228 Gun Club Rd, West Palm Beah, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: BACK UP DEPUTY

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: _____

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

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Hansen, Teresa S

CASE NUMBER: 22-126397

DATE: Nov 5, 2022

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0012

ENDING TIME: 0030

BREATH TESTS RESULTS: 1) .183 TIME 0016 A.M. ☒ P.M. ☐ 2) .187 TIME 0020 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: thick, slurred

ATTITUDE: talkative, repetitve

CLOTHING: green pants, white/gray shirt, brown sandals

MEDICAL CONDITIONS: Afib, female issues

MEDICATIONS: [redacted] 1 pill name unknown

OTHER:

eyes were glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated she drank a bottle of Malbec Red wine - Q&A

COMMENTS:

arrived at center A/O conducted 20 observation period at 2350 hrs

subject agreed to perform breath test

subject completed breath test

A/O read rights on scene & subject recalled/understood rights

tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered questions

NOT A CERTIFIED COPY

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: 11/05/2022

Date of Last Agency Inspection: 10/21/2022
Observation Period Began: 23:50
Subject's Name: TERESA S HANSEN DOB: 07/31/1958 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	00:14
Air Blank	0.000	00:14
Control Test	0.080	00:14
Air Blank	0.000	00:15
Subject Sample #1	0.183	00:16
Air Blank	0.000	00:16
Air Blank	0.000	00:18
Subject Sample #2	0.187	00:20
Air Blank	0.000	00:20
Control Test	0.081	00:21
Air Blank	0.000	00:21
Diagnostics Check	OK	00:21

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 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: 11/05/2022
Signature

Sworn to (or affirmed) before me this 05 day of November, 2022

D/S N Kobitka #37078
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

NOT A CERTIFIED COPY

SUBJECT: Hansen, Teresa S CASE NUMBER: 22 126397

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? No

WHERE WERE YOU GOING? To Park

WHAT STREET OR HIGHWAY WERE YOU ON? I 4 N

DIRECTION OF TRAVEL? E WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? Approx 12

WHAT IS TODAY'S DATE? 11-4-22 WHAT DAY OF THE WEEK IS IT? SAT

WHAT COUNTY AND CITY ARE YOU IN NOW? Pin / Wdb

WHEN DID YOU LAST EAT? 10 00 WHAT DID YOU EAT? Chicken

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? With D/S

HOW MUCH DO YOU WEIGH? 176 HAVE YOU BEEN DRINKING? Y WHAT? Red wine

HOW MUCH? Bottle WHERE? Tuscan Rd. WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 1830 AND YOUR LAST DRINK? UNK

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sip

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Y ARE YOU UNDER THE INFLUENCE? N

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Home Maint WHEN DID YOU LAST WORK? 1X1

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? N WHAT? _____

ARE YOU SICK OR INJURED? N WHAT'S WRONG? _____

DO YOU LIMP? N DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? N

WERE YOU IN AN ACCIDENT TODAY? N

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? N WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? N WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? N WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	N
GLASS EYE?	N
FALSE TEETH?	N
EAR INFECTION?	N
INNER EAR TROUBLE?	N
DIABETES?	N

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? N

DO YOU TAKE INSULIN? N IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Y WHERE? IL

INTERVIEWER: D/S N. Kobitka 17078

NOT A CERTIFIED COPY

SUBJECT: Hansen Teresa S CASE NUMBER: 22 126357

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) Refusal to Complete - Unsecured

NOT A CERTIFIED COPY

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

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.	9
	☐	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:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2022028922	**Date:** 11/05/2022
	Specialist Name/ID: C. Smith/39657