23CT 20666 NB

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0501700	Jupiter Police Department	5 4 23-000492

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)
359 W INDIANTOWN RD JUPTIER FL 33458	359 W INDIANTOWN RD, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/01/2023	01:05	02/01/2023	01:15			

DEFENDANT

Name (Last, First, Middle): OLIVERO, AMY JEAN — Alias: — 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	12/31/1979	5'04	180	BROWN	BROWN	LIGHT	Medium

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

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
457 JUPITER LAKES BLVD 119, JUPITER, FL 33458				(919) 909-9645	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
457 JUPITER LAKES BLVD 119, JUPITER, FL 33458				(919) 909-9645	

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
O416010799710 / FL	[redacted]		QUEENS, NY, United	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

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 - NORMAL FACULTIES IMPAIRED	316.193(1)(A)	

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): North County PALM BEACH GARD

Court Date and Time: 03/08/2023 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 COMTEMPT 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	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other	Name of Arresting Officer (Print): PICARD, RONNIE I.D. #: 1240	(PRINT)
Intake Deputy / I.D. # / Pouch #	Transporting Officer: PICARD I.D. #: 1240 Agency: JUPITE	Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ PBSO ☐ FIRE RESCUE ☐ AGENCY ☒ CENTRAL RECORDS ☒ JAIL ☐ CRIME ANALYSIS ☐ P.I.D.'S ☐ [illegible]

C5379C4

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number				1	JUVENILE
Agency ORI Number	Agency Name		Agency Report Number		
FL 0501700	JUPITER POLICE DEPARTMENT		5 4	23-000492	

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
OLIVERO, AMY JEAN		W	F	12/31/1979

CHARGES

Charge Description	Charge Description
316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☐ confessed to _____ admitting to the below facts.

☒ was observed by SERGEANT COOK who told MYSLEF that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 1 day of February, 2023 at 02:39 (Specifically include facts constituting cause for arrest.)

At approximately 00:48 hours on 02/01/2023, I responded to 359 W Indiantown Rd in the Town of Jupiter, Palm Beach County, FL in regards to a suspicious vehicle.

Sergeant Cook was the first to make contact with the vehicle bearing Florida tag 8456XB and the driver who was later found to be the offender, Amy Jean Olivero; W/F; 12/31/1979 (919-909-9645). Sergeant Cook observed Olivero hunched over to the left, eyes closed, but breathing. Olivero opened her eyes, saw Sergeant Cook, and told him she was playing a game on her phone. See supplement report from Sergeant Cook.

I approached the driver`s window and observed Olivero as the vehicle`s sole occupant at the time of the encounter. Olivero`s hands were shaking profusely while she was going through papers on her lap. When I was talking to Olivero she would not look up or make eye contact with me. Olivero advised she was shaking because she was nervous. Through my experience I`ve never seen someone shake that much solely from being nervous. When I was able to see Olivero`s eyes I noticed her pupils were dilated.

I asked Olivero to exit her vehicle, and she complied. As Olivero exited her vehicle I observed her shaking to continue, her body hunched to the left, and her being unsteady on her feet. I asked Olivero if she had been drinking or had taken any drugs tonight, and she stated no. Based on my observations I asked Olivero if she would perform Standardized Field Sobriety Tasks. Olivero consented to perform the tasks.

As a result of the Standardized Field Sobriety Tasks, Olivero gave me clues that indicated impairment (see DUI probable cause affidavit for further information regarding specific indicators of impairment).

I placed Olivero under arrest, I placed handcuffs on her and I placed her in the back right seat of my patrol vehicle.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER OF F.S.

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

2/1/2023
DATE

1240
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)
NAME OF OFFICER (PLEASE PRINT)

02/01/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-000492

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
OLIVERO, AMY JEAN		W	F	12/31/1979

PROBABLE CAUSE STATEMENT

I transported Olivero to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20-minute observation period to ensure Olivero did not ingest or regurgitate anything. At the conclusion of the observation period, I requested Olivero provide a lawful sample of her breath for the purpose of determining the alcohol content. Olivero consented and provided two, adequate breath samples of .000 and .000. The results of the breath were stated to Olivero and she said she understood the test results.

Based on the fact that the impairment I observed at roadside being inconsistent with the breath alcohol content, I requested Olivero provide a lawful sample of her urine for the purpose of detecting the presence of chemical and/or controlled substances. Olivero agreed and I collected a urine specimen from her at 05:16 hours. I contacted Officer Yochum, a Drug Recognition Expert, who responded and conducted a Drug Influence Evaluation (see report).

As a result of the above investigation, Olivero was charged with driving under the influence pursuant to Florida State Statute 316.193 (1) (A).

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

The urine sample Olivero provided was submitted to the Jupiter Police Evidence Department for toxicology analysis. The results of the toxicology analysis are pending.

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

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

T [illegible]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

02/01/2023
DATE

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

1240
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)
NAME OF OFFICER (PLEASE PRINT)

02/01/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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

PBSO CASE # 23-031760 PBSO ZONE 3-14

AGENCY CASE # 23-000492 CRASH CASE #

TIME OF STOP/CRASH 00:48 DATE 02/01/2023 DAY Wednesday

SUBJECT'S NAME Olivero (LAST) Amy (FIRST) Jean (MID) RACE W SEX F

HGT 5'04 WGT 180lbs DOB 12/31/1979

LOCATION 359 W Indiantown Rd

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

DIVISION:

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 01:40

ARREST TIME 01:05

BREATH RESULTS:

1) .000
2) .000
3) urine
4)

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # n/a

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Olivero, Amy J

CASE NUMBER: 23-031760

DATE: Feb 1, 2023

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0203

ENDING TIME: 0216

BREATH TESTS RESULTS: 1) .000 TIME 0207 A.M. ☒ P.M. ☐ 2) .000 TIME 0210 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: thcik, low

ATTITUDE: crying, upset

CLOTHING: blue jeans, blue/white l/s shirt, black sneakers

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes were glassy

COMMENTS:

arrived at center A/O conducted 20 observation period at 0140 hrs
subject agreed to perform breath test
subject completed breath test
tech read breath test results & subject understood breath test results
A/O requested urine sample @ 0212
subject agreed to provide urine sample @ 0212
A/O read I/C & subject understood I/C
subject agreed to provide urine sample @ 0213
A/O read rights & subject understood rights
A/O conducted Q&A
subject answered questions
subject provided urine @ 0516

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: 02/01/2023

Date of Last Agency Inspection: 01/13/2023
Observation Period Began: 01:40
Subject's Name: AMY J OLIVERO DOB: 12/31/1979 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	02:05
Air Blank	0.000	02:05
Control Test	0.080	02:06
Air Blank	0.000	02:06
Subject Sample #1	0.000	02:07
Air Blank	0.000	02:07
Air Blank	0.000	02:09
Subject Sample #2	0.000	02:10
Air Blank	0.000	02:10
Control Test	0.081	02:10
Air Blank	0.000	02:11
Diagnostics Check	OK	02:11

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: 02/01/2023
Signature

Sworn to (or affirmed) before me this 01 day of February, 2023

Signature of Notary Public-State of Florida

Dft R Picard #1240
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: 23-000492

ARRESTING OFFICER: R. Picard
ADDRESS: 196 Military Trl. Jupiter, FL 33458
PHONE NUMBERS (HOME): (WORK) (561) 746-6201
CAN TESTIFY TO: PC

NAME: C. Cook
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:

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ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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: _____

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

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: 2023003033	**Date:** 2/2/2023
	Specialist Name/ID: T.Howard/7185