

1

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>40 25-011404</b>				
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator <b>1</b>						
	Location of Arrest (Including Name of Business) <b>1900 LOWSON BLVD/S CONGRESS AVE DELRAY B</b>				Location of Offense (Business Name, Address) <b>1900 LOWSON BLVD/S CONGRESS AVE, DELRAY BEACH, FL 33445</b>						
DEFENDANT	Date of Arrest <b>10/09/2025</b>	Time of Arrest <b>23:19</b>	Booking Date <b>10/09/2025</b>	Booking Time <b>23:29</b>	Jail Date <b>//</b>	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) <b>SILVERMAN, ARON JORDAN</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>07/11/1984</b>	Height <b>6'01</b>	Weight <b>175</b>	Eye Color <b>GREEN</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>Married</b>	Religion <b>Jewish</b>	Indication of: Alcohol Influence Drug Influence				
Local Address (Street, Apt. Number) <b>21 BICENTENNIAL DR, NASHUA, NH 03062</b>			(City)	(State)	(Zip)	Mobile Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) <b>21 BICENTENNIAL DR, NASHUA, NH 03062</b>			(City)	(State)	(Zip)	Phone		Address Source			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation			
D/L Number, State <b>NHL15418735 / NH</b>			INS Number		Place of Birth (City, State) <b>NEW YORK, NY</b>		Citizenship				
CO-DEFENDANT	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
JUVENILE	Parent Legal Custodian Other		Name (Last) (First) (Middle)		Residence Phone		Business Phone				
	Address (Street, Apt. Number)		(City)	(State)	(Zip)						
	Notified by: (Name)		Date	Time	Juv. 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 <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.					School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property						
CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other 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 Description <b>DRIVING WHILE UNDER INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)A</b>		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	<b>N</b>		<b>1</b>								
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Location (Court, Room Number, Address) <b>200 W Atlantic Ave</b>											
Court Date and Time Month <b>November</b> Day <b>13</b> Year <b>2025</b> Time <b>0830</b> <b>(A.M.)</b> P.M.											
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			FILED PBC - SUN CLUB- 25 OCT 10 10:53		
I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.											
Signature of Arresting Officer				Name Verification (Printed by Arrestee)							
Name of Arresting Officer (Print) <b>FISHBAUGH, CHARLES</b>				I.D. # <b>1308</b>				PAGE			
Transferring Officer <b>FISHBAUGH</b>				I.D. # <b>1308</b>				Agency <b>DBPD</b>			
Witness here if subject signed with an "X".								1 OF 1			

0562052

P# 2958

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   25-011404</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor
	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other		

Name (Last, First, Middle) <b>SILVERMAN, ARON JORDAN</b>	Aliases	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/11/1984</b>
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Charge Description <b>316.193(1)A DRIVING WHILE UNDER INFLUENCE</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

The undersigned certifies and swears that he/she has just and reasonable 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.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 10 day of October, 2025 at 00:53 (Specifically include facts constituting cause for arrest.)

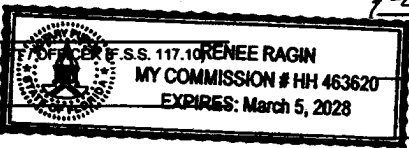
This incident occurred in the City of Delray Beach, Palm Beach County, FL.

On 10/09/25 at 2247 hrs Officer Cunningham stopped a gray Kia bearing FL tag NFTV54 for failure to obey a traffic control device. Upon my arrival I noticed the driver of the vehicle was asleep in the driver's seat. Officer Cunningham and myself made contact with the driver. Once the driver opened the door I could smell a strong scent of an unknown alcoholic beverage. The driver was identified by his New Hampshire driver's license as Aron Silverman. While talking with Silverman I noticed he was appearing to slur his words making it hard to understand. Silverman submitted to field sobriety tasks.

During the first field sobriety task, horizontal gaze nystagmus, Silverman showed a lack of smooth pursuit in both his right and left eye. Silverman also showed a distinct and sustained Nystagmus at maximum deviation in both his right and left eye. During the final part of this task Silverman showed onset of nystagmus prior to 45 degrees in both his right and left eye.

I then conducted the Walk and Turn task with Silverman. Silverman had trouble keeping his balance while listening to the instructions being given to him, stepping out off the line and trying to start while the instructions were being given. When Silverman started the task and began walking down the line he stopped two times to try and steady himself. Silverman missed heel-to-toe on every step through the entire task. Silverman stepped off the line 2 times throughout the task. Silverman took a total of 30 steps up the line and a total of 30 steps back down the line after being instructed to take only 9 steps each way. Once Silverman was set to turn around and go back down the line he took one large step to turn around instead of multiple small steps as instructed.

During the One-leg-stand task Silverman swayed while I was giving instructions. Silverman also began the task as I was giving instructions on how the task should be

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>Charles Fishbaugh</i>
NOTARY PUBLIC / CLERK OF COURT <i>10/10/25</i>	<b>FISHBAUGH, CHARLES (1308)</b> NAME OF OFFICER (PLEASE PRINT)
DATE	DATE <b>10/10/2025</b>
	PAGE <b>1 OF 2</b>

<b>OBTS Number</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
<b>Agency ORI Number</b> <b>FL 0500400</b>	<b>Agency Name</b> <b>DELRAY BEACH POLICE DEPARTMENT</b>	<b>Agency Report Number</b> <b>4   0   25-011404</b>				
<b>Charge Type:</b> Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			<b>Special Notes:</b>			
<b>Name (Last, First, Middle)</b> <b>SILVERMAN, ARON JORDAN</b>				<b>Race</b> <b>W</b>	<b>Sex</b> <b>M</b>	<b>Date of Birth</b> <b>07/11/1984</b>

done. Once Silverman started the task he swayed while trying to balance. Silverman used his arms to balance pulling them away from his body more than six inches. Silverman put his foot down while completing the task more than 10 times before 30 seconds has elapsed.

I placed Silverman in handcuffs (double locked and checked for proper spacing) and transported him to Palm Beach County Jail BAT.

Silverman agreed to perform a breath test at the Palm Beach County Jail BAT. I observed Silverman for the 20 minute observation period at 2353 hrs. Breath Operator R. Ragin #16877 conducted two breath samples from Silverman which showed a .208 and .206 on the breath test.

Based on the above stated facts probable cause exists to charge the defendant, Aron Silverman, with driving while under influence F.S.S. 316.193(1)A.

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NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME   NOTARY PUBLIC / CLERK OF COURT DATE <u>10/10/25</u>	 RENE RAGIN MY COMMISSION # HH 463620 EXPIRES: March 5, 2028	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>FISHBAUGH, CHARLES (1308)</b> NAME OF OFFICER (PLEASE PRINT) DATE <u>10/10/2025</u>
		PAGE <b>2 of 2</b>

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

# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Silverman, Aron J.

CASE NUMBER: 25-104606

DATE: Oct 9, 2025

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:18

ENDING TIME: 00:29

BREATH TESTS RESULTS: 1) .208 TIME 00:23 A.M.  P.M.  2) .206 TIME 00:26 A.M.  P.M.   
3) N/A TIME \_\_\_\_\_ A.M.  P.M.  4) N/A TIME \_\_\_\_\_ A.M.  P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative, agitated

CLOTHING: Blue jeans, green shirt, brown jacket, black shoes

MEDICAL CONDITIONS: Blood pressure

MEDICATIONS: Codeine

## OTHER:

Eyes are glassy & red  
Odor of unknown alcoholic beverage on breath

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 23:53 hrs.

Subject agreed to perform breath test.

A/O read rights.  
Subject stated he understood rights.

A/O attempted Q&A.  
Subject refused to answer Q&A.

Tech read breath test results.  
Subject acknowledge he understood breath test results.

A/O ask if he was going to sign the DUI citation.  
Subject agreed.

# WITNESS LIST

CASE NUMBER: 40 25011409

ARRESTING OFFICER Charles F. Shrough

ADDRESS 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 293 7800

CAN TESTIFY TO: Witness

NAME: Greg Cunningham

ADDRESS 300 W Atlantic Ave Delray Beach, FL 33444

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 293 7800

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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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**

SHERIFF RIC L. BRADSHAW



**DUI Breath Implied Consent**

**\*NOT APPLICABLE WITH VOLUNTARY CONSENT\***

DEFENDANT'S NAME: \_\_\_\_\_ CASE NO: \_\_\_\_\_

DATE OF ARREST: \_\_\_\_\_ TIME OF ARREST: \_\_\_\_\_

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES  NO

**NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"**

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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 \_\_\_\_\_ NO \_\_\_\_\_

Do you still refuse to submit to this test? YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)**

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you still refuse to submit to this test? YES \_\_\_\_\_ NO \_\_\_\_\_

Date read: \_\_\_\_\_ Time read: \_\_\_\_\_ Location read: \_\_\_\_\_

LAW ENFORCEMENT OFFICER NAME (printed): \_\_\_\_\_ ID: \_\_\_\_\_

LAW ENFORCEMENT OFFICER SIGNATURE: \_\_\_\_\_

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL



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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH COUNTY SO  
Instrument Serial Number: 80-006476 Software: 8100.27  
Date of Test: 10/10/2025

Date of Last Agency Inspection: 09/12/2025  
Observation Period Began: 23:53  
Subject's Name: ARON J SILVERMAN

DOB: 07/11/1984 Sex: M

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	00:21
	Air Blank	0.000	00:22
	Control Test	0.080	00:22
	Air Blank	0.000	00:22
	Subject Sample #1	0.208	00:23
	Air Blank	0.000	00:24
	Air Blank	0.000	00:25
	Subject Sample #2	0.206	00:26
	Air Blank	0.000	00:27
	Control Test	0.079	00:27
	Air Blank	0.000	00:28
	Diagnostics Check	OK	00:28

Cylinder Lot: 32324080A2  
Exp: 12/05/2026

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 RENEE M RAGIN, 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: \_\_\_\_\_

Signature

Date: 10/10/25

Sworn to (or affirmed) before me this 10 day of Oct., 2025

C. Fishbach 1308  
Signature of Notary Public-State of Florida

OFC. C. Fishbach #1308  
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.



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

PBSO CASE # 25-104606 PBSO ZONE 4-22

AGENCY CASE # 4025011404 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2247 DATE 10/09/2025 DAY Thursday

SUBJECT'S NAME Silverman Aron Jordan  
LAST FIRST MID

DOB 07/11/1984 HGT 601 WGT 175 RACE W SEX M

LOCATION Lowson Blvd/S Congress Ave Delray Beach, FL 33444

ARRESTING OFFICER'S NAME & ID Fishbaugh 1308 DBPD  
AGENCY

NOTIFIED BY COMMO Y

BREATH RESULTS:

ARRIVAL AT FACILITY 2353

1) .208

ARREST TIME 2319

2) .206

3) \_\_\_\_\_

4) \_\_\_\_\_

Renee Ragin #16877

BAT TECH. OFFICER NAME & ID



# Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 110 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2025027174	Date: 10/10/2025
	Specialist Name/ID#: Angela Pinkney/7796