

0538070

23CT2417 NB

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0502300	Agency Name North Palm Beach Police Department	Agency Report Number (N.T.A.'s only) 7 0 23-000115	
D E F E N D A N T	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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 UNARMED		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business) 902 NORTHLAKE BLVD, 902 NORTHLAKE BLVD, PBC, FL		Location of Offense (Business Name, Address) 9000 ALT AIA/NORTHLAKE BLVD, NORTH PALM BEACH, FL		
	Date of Arrest 02/07/2023	Time of Arrest 21:09	Booking Date 02/07/2023	Booking Time 21:19	Jail Date 21:19
C O D E D E	Name (Last, First, Middle) ALEXANDER, BRADFORD D		Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:		
	Race W - White B - Black I - American Indian O - Oriental/Asian W	Sex M	Date of Birth 10/05/1978	Height 6'03	Weight 200
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion OTHER	Complexion MEDIUM
	Local Address (Street, Apt. Number) 83 IRONWOOD WAY N, PALM BCH GDNS, FL 33418		Phone (386) 451-4324	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number) 83 IRONWOOD WAY N, PALM BCH GDNS, FL 33418		Phone (386) 451-4324	Address Source VERBAL		
Business Address (Name, Street) 83 IRONWOOD WAY N, PALM BCH GDNS, FL 33418		Phone	Occupation		
D/L Number, State A425064783650 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) HARLEYSVILLE, PA,	
Citizenship US		Co-Defendant Name (Last, First, Middle) [REDACTED]			
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	
Parent <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone	
Legal Custodian <input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone	
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TGT JAC 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 355-2526) informed of any change of address.				Grade	
Property Crime? <input type="checkbox"/> Yes, by: _____ <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
Drug Activity N. N/A P. Possess		S. Sell T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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 Description DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE		Statute Violation Number 316.193(4)		Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond OR	
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				PROPERTY - Received By	
Released to Parent/Guardian		T.O.T. County Jail		Released By	
South County Mental Health		Date Transported		Time Transported	
Other		Date Transported		Time Transported	
Other		Date Transported		Time Transported	
INSTRUCTION NO. 1 - Mandatory appearance in court		INSTRUCTION NO. 2 - You need not appear in Court		but must comply with instructions on Page 2.	
INSTRUCTION NO. 1 - Mandatory appearance in court		INSTRUCTION NO. 2 - You need not appear in Court		but must comply with instructions on Page 2.	
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.				No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed	
HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) PRUDHOMME, D.		(PRINT)	
Resisted Arrest <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		I.D. # 9889		PAGE	
Intake Deputy DUNN 36162		Transporting Officer PRUDHOMME 9889 NBPDP		1 OF 1	

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.T.O. DEFENDANT

0538070

927

D.U.I. PROBABLE CAUSE AFFIDAVIT



ON THE 05 DAY OF Feb 20 23, AT 2052 AM PM

SUBJECT: Alexander, Bradford, A CASE NUMBER: 23-000115

AGENCY: NORTH PALM BEACH POLICE DEPARTMENT ARRESTING OFFICER: Prud'Homme 9889

PERSONAL CONTACT

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

+PC for Stop: R/O showed suspended/invalid
+Manner of Stop:
+APC:
+Witness Statements:
+Wheel Witness:

OBSERVATION OF DRIVER:

+Appearance of Vehicle:
+Appearance of Driver: slurred/slow speech, delayed reaction
+Face/Eyes: droopy lids, watery eyes, bloodshot
+Clothing Condition:
+Exit Sequence:

DRIVER'S STATEMENTS:

+In Car:
+Roadsides:
+BAT:
+Taylor Warnings Read:
+Implied Consent Read: yes

ODORS:

No odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: slow/slurred

ATTITUDE: cooperative, slow/delayed reactions

CLOTHING:

MEDICAL/OTHER:

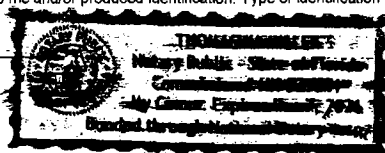
STATE OF FLORIDA
COUNTY OF PALM BEACH

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 05 day of Feb 20 23 by Prud'Homme

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Personally Known

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



SUBJECT: Alexander, Bradford, A

CASE NUMBER 23-000115

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- 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:

Condition of Eyes: droopy lids, watery eyes, bloodshot
Observations: vertical gaze nystagmus present, swayed left to right

WALK & TURN:

- *Lost Balance, *Started Before Instructed- no, *Missed Heel to Toe - on every step up the line and every step back down, *Stepped Off Line- steps 1, 2,3 up the line and 1, 2, 3, 4, 5 back down the line, *Used Arms for Balance- none, *Wrong Number of Steps 10 steps up and 10 steps back, *Stopped While Performing Task - no, *Improper Turn - correct turn on wrong step/foot, Other Observations: broke from correct starting position 3x, Swayed left to right

ONE LEG STAND:

- *Put Foot Down- 2 times, *Used Arms for Balance- Arms behind back with hand interlocked, *Swayed- Left to right throughout the task, *Hopped - no, Other Observations: Did not keep legs straight; Did not count; Swayed during exercise, Did not look at raised foot

ROMBERG ALPHABET:

A B C D E F G H long pause K L L N N O P Q W X Y Z

FINGER TO NOSE:

- R1- finger to bridge of nose held for 7 secs, L1- finger to bridge of nose held for 5 secs, R2- finger to bridge of nose held for 6 secs, L2- finger to bridge of nose held for 5 secs, L3- finger to bridge of nose held for 5 secs, R3- finger to bridge of nose held for 7 secs

BREATH TEST RESULTS: 1) .211 2) .207 3) 4)

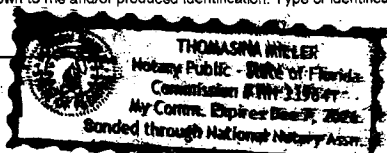
STATE OF FLORIDA
COUNTY OF PALM BEACH

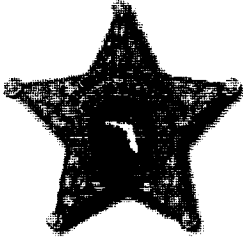
Signature of Arresting/Investigative Officer

he foregoing instrument was sworn to or affirmed and subscribed before me this 05 day of Feb 20 23 by Prud'Homme

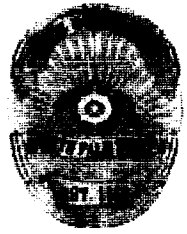
Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Personally Known

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





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



PBSO CASE # 23-034234 PBSO ZONE 3-13

AGENCY CASE # 23-000115 CRASH CASE # _____

TIME OF STOP/CRASH 2052 DATE 02/07/2023 DAY Tuesday

SUBJECT'S NAME Alexander Bradford A RACE W SEX M
LAST FIRST MID

HGT 6'3 WGT 200 DOB 10/05/1978

LOCATION Northlake Blvd/Alt A1A

ARRESTING OFFICER'S NAME & ID Prud'Homme 9889 AGENCY NPBPD

DIVISION: Patrol NOTIFIED BY COMMO

ARRIVAL AT FACILITY 2153

ARREST TIME 21:09

BREATH RESULTS:

- 1) .211
- 2) .207
- 3) N/A
- 4) N/A

BREATH TEST OPERATOR: 41017

NOT A CERTIFIED COPY

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) _____

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? NO

WHERE WERE YOU GOING? TO WORK

WHAT STREET OR HIGHWAY WERE YOU ON? N. 1st Street

DIRECTION OF TRAVEL? E WHERE DID YOU START? Down

WHAT TIME DID YOU START? 8:00 a WHAT TIME IS IT NOW? 10:50

WHAT IS TODAY'S DATE? 2/7/13 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Polk County, OR

WHEN DID YOU LAST EAT? 5:00 WHAT DID YOU EAT? Food

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working

HOW MUCH DO YOU WEIGH? 200 HAVE YOU BEEN DRINKING? NO WHAT? ?

HOW MUCH? 2 WHERE? Bar WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00 AND YOUR LAST DRINK? 9:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Shot

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? 1

WHAT? ? WHERE? Bar WHEN? ?

WHAT LINE OF WORK ARE YOU IN? ? WHEN DID YOU LAST WORK? 1/1/13

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? ?

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? ?

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? ?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? ? WHY? ?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? ? WHEN? ?

DO YOU HAVE:

- EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? ?

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? ?

INTERVIEWER: _____

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: 80-001741 Software: 8100.27
Date of Test: 02/07/2023

Date of Last Agency Inspection: 01/13/2023
Observation Period Began: 21:53
Subject's Name: BRADFORD D ALEXANDER

DOB: 10/05/1978 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	22:33
	Air Blank	0.000	22:34
	Control Test	0.079	22:34
	Air Blank	0.000	22:35
	Subject Sample #1	0.211	22:35
	Air Blank	0.000	22:36
	Air Blank	0.000	22:38
	Subject Sample #2	0.207	22:39
	Air Blank	0.000	22:39
	Control Test	0.078	22:40
	Air Blank	0.000	22:40
	Diagnostics Check	OK	22:40

Cylinder Lot: 15922080A3
Exp: 08/05/2024

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 THOMASINA E MILLER, 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: Thomasina Miller Date: 02/07/23
Signature

Sworn to (or affirmed) before me this 07 day of February, 2023

Paul Pudhomme Signature of Notary Public-State of Florida
OTC. D. Pudhomme 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.

DUI WITNESS LIST



Arresting Officer: Prud'Homme 9889 Email: dprudhomme@village-npb.org
Agency Address: 560 US Highway 1 NPB, FL 33408 Phone: 561-283-5756

Can Testify To: Events of the case

Backup Officer(s): _____
Agency Address: 560 US Highway 1 NPB, FL 33408 Phone: 561-848-2525

Can Testify To: _____

Breathalyzer Technician: T Miller ID# 41017 Agency: PBSO

DRE: _____ Agency Case #: _____

Agency Address: _____ Phone: _____ Email: _____

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: NPPD

SUBJECT: ALEXANDER, BRADFORD .D.

CASE NUMBER: 23-034234

DATE: Feb 7, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:28

ENDING TIME: 22:48

BREATH TESTS RESULTS: 1) .211 TIME 22:35 A.M. P.M. 2) .207 TIME 22:39 A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICIAN: J. KARLECKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET

CLOTHING: GRAY LONG SLEEVE SHIRT, BLUE JEANS, BROWN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

BLOODSHOT AND GLASSY EYES

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 21:53 HRS.

SUBJECT: ASKED IF HE COULD PROVIDE BLOOD WHEN ASKED TO TAKE TEST .

A/O: READ I/C.

SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST.

A/O: READ RIGHTS.

SUBJECT: STATED HE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.

SUBJECT: ANSWERED QUESTIONS.



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	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<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"/>	(vii) 394.4615(7)	Clinical records under the Baker Act.	
	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023003651	Date: 2/8/2023
	Specialist Name/ID: Pinkney/7796