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23MMS980

19/62

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-23-033252						
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" 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		# Weapon Seized Enter Type		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) 1100 N Congress Ave Boynton Beach, FL 33406					Location of Offense (Business Name, Address) 1100 N Congress Ave Boynton Beach, FL 33406						
Date of Arrest 07/20/2023	Time of Arrest 2044	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Arnold, Brent, Matthew		Alias (Name, DOB, Soc. Sec. # Etc)									
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 10-07-1988	Height 6'2	Weight 210	Eye Color Brown	Hair Color Black	Complexion Fair	Build Large	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single	Religion Unk	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) 8755 Sunset Dr Apt 2, Palm Beach Gardens Florida, 33410				Phone (913)424-2600		Residence Type 1. City 3. Florida 2. County 4. Out of State		1			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source FL DL					
Business Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Occupation Real Estate					
D/L Number, State A654073883670 FL		Soc. Sec. Number		INS Number		Place of Birth Overland Pk, Kansas		Citizenship USA			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone									
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone					
<input type="checkbox"/> Other		Notified by: (Name)				Date		Time		Juvenile 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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By (Name) <input type="checkbox"/> No: (Reason)								School Attended		Grade	
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property				Value of Property					
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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description DUI		Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.193.1A		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense # 23-033252		Warrant/Capias Number		Bond			
Charge Description Resisting Arrest Without Violence		Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 843.02		Violation of ORD#					
Drug Activity		Drug Type	Amount/Unit	Offense # 23-033252		Warrant/Capias Number		Bond			
Charge Description Possession Of Marijuana Under 20 grams		Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 893.13 6B W		Violation of ORD#					
Drug Activity P		Drug Type M	Amount/Unit 1.1 Grams	Offense # 23-033252		Warrant/Capias Number		Bond			
Charge Description Refusal To Sign Criminal Citation		Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 318.14.3		Violation of ORD#					
Drug Activity N/A		Drug Type N/A	Amount/Unit N/A	Offense # 23-033252		Warrant/Capias Number		Bond			
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month August Day 28 Year 2023 Time 8:30				<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> 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.											
SCANNED								FILED PBC - GUN CLUB			
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed 23 JUL 21 AM 7:58					
HOLD for other Agency Name JUL 21 2023		Signature of Arresting Officer 				Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) L. Nalerio		I.D. # 982		BU#			Page 1 OF 1		
Take Deputy ID # 1030		Pouch #		Transporting Officer L. Nalerio		I.D. # 982		Agency BBPD		Witness here is subject Signed with an "X".	

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20th ^{Day Of} July 2023 AT 2044 A.M P.M.

CASE #: 23-033252

DEFENDANT: Arnold, Brent, Matthew

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER: On 7/20/23 at approximately 2016 hours I responded to 1100 N Congress Ave, within the city of Boynton Beach. BBPD received a call in regards to an intoxicated male inside a silver Acura bearing FL tag 71BJGG. The employees at Mission BBQ called BBPD and said that the male appeared drunk and was going to try and drive away in the Acura. The caller (anonymous) gave a description of the male wearing a blue suit. Upon arrival, I observed the Acura bearing FL tag 71BJGG. The vehicle was turned on and the driver seat was occupied by a white male, wearing a blue suit. The male, later identified as Brent Arnold, appeared to be sleeping behind the wheel. The vehicle 's engine was on and the vehicle was in park. I tapped on the window to get Arnolds attention. Arnold woke up and quickly shut the vehicle off. Making contact with Arnold, he stated that he did not need any medical assistance. In the center console cup holder, I observed an empty Tito's Vodka 750 ml bottle. Arnold told me that he had been drinking alcoholic beverages but that he was not driving. Arnold stated many times that he is an alcoholic. I then asked Arnold to step out of the vehicle, which he did. Arnold was unsteady on his feet and swaying while in place. Arnold's speech was very slurred and I could smell the strong odor of an unknown alcoholic beverage coming from his mouth. Arnold told me that he drove, got food and then started drinking while he was inside the vehicle, within the driver seat. It should be noted that his vehicle is a push to start. Arnold became uncooperative and had mood swings. Arnolds breath still smelled like the strong odor of an unknown alcoholic beverage.

I asked Arnold if he was willing to submit to Standardized Field Sobriety Task; which he would not answer. Arnold then said that he would. Arnold then changed his mind and asked what would happen if he didn't. I then advised him of Taylor Warnings which he stated that he understood. I asked if he would submit to SFST'S one more time, which he did not answer and changed the subject. Based on my investigation, I placed Arnold under arrest for Driving Under the Influence Pursuant to F.S.S 316.193. As I went to place Arnold in handcuffs, he started tensing up and pulling away from officers. Eventually, he was placed in handcuffs. Arnold was also charged with Resisting Without Violence Pursuant to F.S.S 843.02. While searching the vehicle, in the center console, there was a green leafy substance suspected of being Marijuana. The marijuana was in a pill bottle. The suspect Marijuana was processed at BBPD evidence using a Duquenois- Levine reagent which turned light purple and being positive for Marijuana. The Marijuana had a TPW of 13.3 Grams.

Arnold was then transported to the BAT where a 20 minute observation took place. After the 20 minute observation, Arnold was asked to provide a breath sample. Arnold was uncooperative and implied consent was read to him. Arnold stated that he understood implied consent and then ultimately refused to provide a breath sample. Arnold refused to partake in Q&A's. Arnold refused to sign the criminal DUI citation. Arnold was additionally charged with Possession of Marijuana Pursuant to F.S.S 893.13 & Failure to Sign Criminal Citation Pursuant to F.S.S .

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input type="checkbox"/> Right eye prior to 45 degrees |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

ONE LEG STAND:

FINGER TO NOSE:

ROMBERG/ALPHABET:

The following instrument was sworn to before me this 20th day of July 2023

By: Ofc.Nalerio

Notary/Police Officer (F.S.S.)



Signature of Arresting Officer

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: 07/20/2023

Date of Last Agency Inspection: 07/14/2023
Observation Period Began: 21:11
Subject's Name: BRENT M ARNOLD

DOB: 10/07/1988 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	21:39
	Air Blank	0.000	21:39
	Control Test	0.078	21:39
	Air Blank	0.000	21:40
	Subject Sample #1	REF*	21:41
	Air Blank	0.000	21:41
	Control Test	0.079	21:41
	Air Blank	0.000	21:42
	Diagnostics Check	OK	21:42

*Subject Test Refused

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 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: _____ Date: 07/20/23
Signature

Sworn to (or affirmed) before me this 20 day of July, 2021
[Signature] Ofc. L. Nalerio #982
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.

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 21:11 hrs.

Subject refused to answer if he would perform breath test.

A/O read I/C.

Subject agreed to take test.

Once the instrument was ready subject refused to take test.

Subject talking over A/O and A/O called refused.

A/O read rights.

Subject invoked the right to counsel.
No Q&A conducted.

REFUSED



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

PBSO CASE # 23-091117 PBSO ZONE 6-32

AGENCY CASE # 23-033252 CRASH CASE # _____

TIME OF STOP/CRASH 20:16 DATE 7/20/23 DAY Thursday

SUBJECT'S NAME Arnold, Matthew, Brent RACE W SEX M

HGT 6'1 WGT 180 DOB 10/07/1988

LOCATION 1100 N Congress Ave, Boynton Beach, FL

ARRESTING OFFICER'S NAME & ID NALERIO 982 AGENCY BBPD

DIVISION: PATROL

NOTIFIED BY COMMO Y

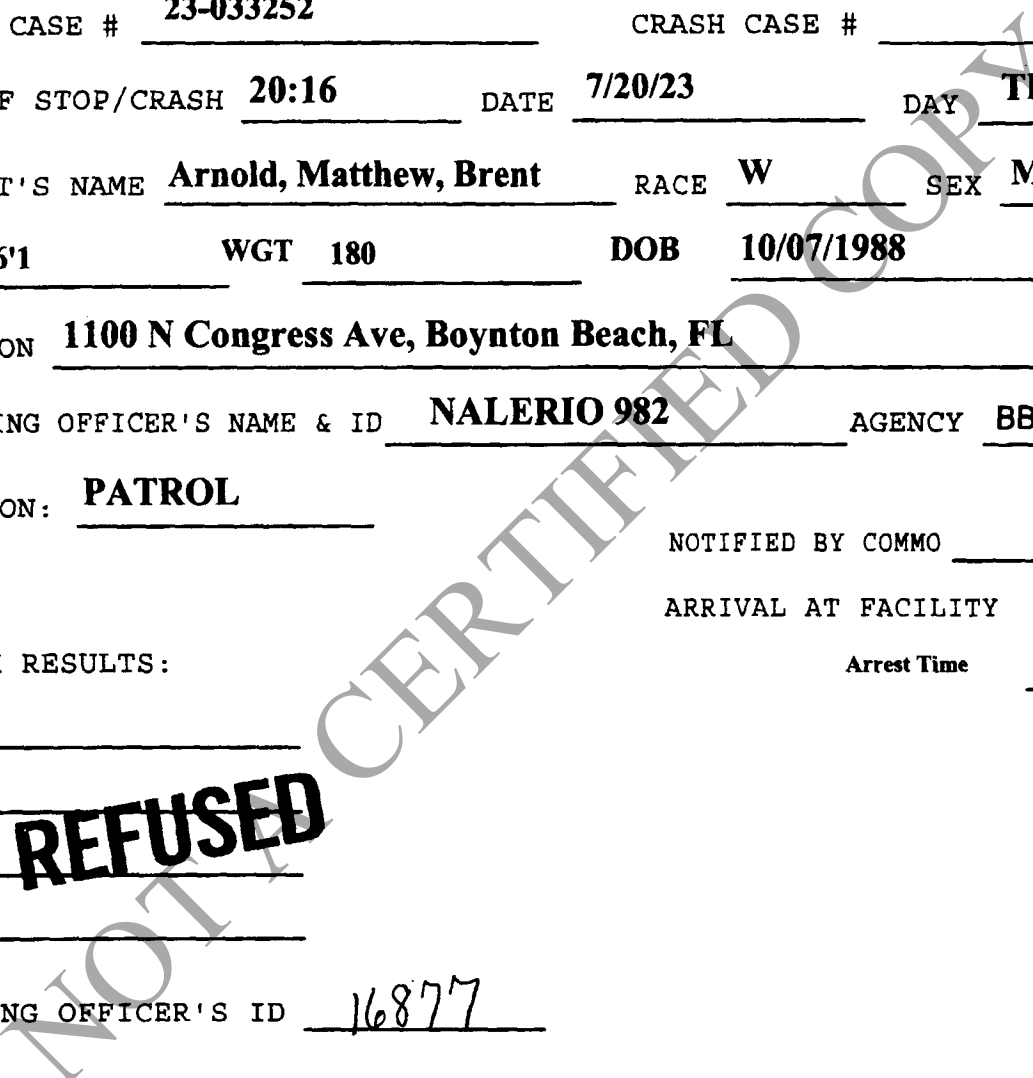
ARRIVAL AT FACILITY 2111

BREATH RESULTS:

Arrest Time 2044

1. _____
2. _____
3. **REFUSED**
4. _____

TESTING OFFICER'S ID 16877



SUBJECT: Harold, C. T. I.

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? _____

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: _____
WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Patrolman L NALERIO, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
 am a member of Boynton Beach Police Department, and I do swear

or affirm that on or about the TWENTIETH day of July, 2023, at 8:59 PM

DRIVER BRENT MATTHEW ARNOLD
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # A654073883670, state of FL, was placed under lawful arrest for
 the offense of DUI by Patrolman L NALERIO and
(Name of Arresting Officer)
 issued Citation # AE15AFE.

That on or about the TWENTIETH day of July, 2023, at 9:47 PM
 in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

[Handwritten Signature]

 Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
 me this 20th day of July, 2023,
 by GFC Nalerio
 who is personally known to me or who has produced
LEO as identification.
 Notary Public _____

The foregoing instrument was sworn and subscribed before me:

 Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



**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"/>	(viii) 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: 2023018933	Date: 7/21/2023
	Specialist Name/ID: Chantel Daniels/30347