

50-2023-CT-005666AMB

Marsy's Law invoked - CVI present

ARREST / NOTICE TO APPEAR

O On-View 3. Request for Warrant 0 JUVENILE
S. Summons T. Taken into Custody

ADMI NIST RATI ON	OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2023-005449		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator		
DEF END ANT	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		Location of Arrest (Including Name of Business) PALM ST/S DIXIE HWY, WPB 33401		Location of Offense (Business Name, Address) 400 PALM ST/S DIXIE HWY, WEST PALM BEACH, FL 33401		Date of Arrest 03/29/2023		Time of Arrest 00:03		Booking Date 03/29/2023	
	Name (Last, First, Middle) FORD, CAMELLIA ANNE		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White 1 - American Indian W F Sex F Date of Birth 07/05/1997 Height 5'05 Weight 115 Eye Color BROWN Hair Color BROWN Complexion FAIR Build Small		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
J U V E N I L E	Local Address (Street, Apt. Number) (City) (State) (Zip) 13515 FOUNTAIN VIEW BLVD, WELLINGTON, FL 33401		Home Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1		Permanent Address (Street, Apt. Number) (City) (State) (Zip) 13515 FOUNTAIN VIEW BLVD, WELLINGTON, FL 33401		Mobile Phone		Address Source VERBAL	
	Business Address (Name, Street) (City) (State) (Zip) E-COMMERCE,		Work Phone		Occupation		D/I. Number, State 421015877 / NY		Soc. Sec. Number		INS Number	
C O D E F	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)	
	Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone		Business Phone		Notified by: (Name) Date Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
C H A R G E	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.		School Attended		Grade	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		Drug Activity		Drug Type		Amount / Unit	
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
	Charge Description DUI BLOOD ALCOHOL 0.08 OR MORE PER 100 ML		Statute Violation Number 316.193(1B)		Violation of ORD #		Warrant / Capias Number		Bond		FILED PBC - GUN CLUB 23 MAR 29 AM 7:57	
I N T A K E	Charge Description		Statute Violation Number		Violation of ORD #		Charge Description		Statute Violation Number		Violation of ORD #	
	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 Explain		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By OFC MENDEZ RAMOS		Released By OFC MENDEZ RAMOS		Released To PBC JAIL	
N O T I C E	Transported By OFC MENDEZ RAMOS		Date Transported		Time Transported		Other		INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) Criminal Justice CRIMINAL JUSTICE COMPLEX Court Date and Time 04/27/2023 08:30:00 3228 GUN CLUB ROAD	
	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		I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.		INITIAL		No Photo Available	
A D M I N I S T R A T I O N	HOLD for Other Agency		Signature of Arresting Officer Alina 2276		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) MELENDEZ RAMOS, ALINA		I.D. # 02276		PAGE 1 OF 1	
	Int. Deputy Bonilla 18342		Pouch #		Transporting Officer OFC MENDEZ RAMOS		I.D. # 2276		Agency WPB		Witness here if subject signed with an "X":	

0539297

11631

DUI PROBABLE CAUSE AFFIDAVIT

On the 28th Day of March at 0003 A.M. P.M.
Subject: Camellia Ford Case Number: 23-5449
Agency: West Palm Beach Police Department Arresting Officer: Mendez 2276

Personal Contact

Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

On March 29, 2023, at approximately 2321 hours, I was assisting Ofc. Howard (#2201) with a traffic stop on S Dixie Hwy and Palm Pl in West Palm Beach, FL. I parked my patrol vehicle behind Ofc. Howard with my patrol lights on. As I was helping with gathering information from the driver, I heard a loud tire screech from a vehicle. As I turned to look back the person inside a black SUV vehicle had slammed on their brakes to avoid hitting into my patrol vehicle. (Reference Ofc. Howard's supplemental for initial contact with the driver of the SUV).

Observation of Driver

When I finished assisting Ofc. Howard I made my way to the black SUV (later identified as a Gray Mazda New York tag #DJB3178). I made contact with the driver (who was later identified via New York DL as Camellia Ford (W/F 7/5/97)). I asked Ford to explain to me what had happened, in which she advised she was driving; she saw a car and slammed on her brakes. Ford was then asked to step out of the vehicle. I called Ford over to me due to her walking away; she needed commands repeated multiple times.

Drivers Statements:

asked Ford if she had been drinking to which she stated yes. I asked her what she had been drinking and she stated she had two cocktails and a glass of wine. It is to be noted, as I spoke with Ford, I could smell an unknown alcoholic beverage emitting from her breath.

Odors:

I could smell an unknown alcoholic beverage emitting from her breath, which grew stronger the more she spoke with me.

General Observations

Speech: Slurred

Attitude: Calm

Clothing: Pink Dress

Medical Problems/Medications:

Other: The driver was initially asked if she was willing to participate in Standardized Field Sobriety Tasks (SFST's), which she declined. She was advised her refusal could be used against her in court. The driver then stated she would participate.

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Camellia Ford Case Number: 23-5449

Roadside Tasks

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 Jerks at 45 Degree Angle or Less | <input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less |
| <input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

Ford was told a DUI investigation was being conducted and was asked if she would be willing to voluntarily conduct SFSTs (Standardized Field Sobriety Test), in which she agreed to do so. Prior to checking for the exercise clues, I checked Ford for equal pupil size, resting nystagmus, and equal tracking. Ford had equal pupil size, resting nystagmus, and her eyes tracked equally. During the HGN exercise (horizontal gaze nystagmus), I told Ford to follow the tip of my finger with her eyes only. I observed the lack of smooth pursuit on each eye and distinct and sustained nystagmus in each eye. Ford did also have nystagmus prior to 45 on either eye, and however he had vertical nystagmus on each eye.

Walk and Turn Task

During the walk and turn exercise, I asked Ford to place her left foot on the green line that was on the sidewalk. I had Ford get into the instructional position for the exercise. After I had Ford get into the instructional position, I gave her the instructions for the exercise. The instructions were given verbatim from my SFST note sheet. Ofc. Howard demonstrated the exercises for her. Ford stated she understood the instructions. Prior to telling Ford to begin, Ford failed to maintain balance while receiving instructions by stepping out of the instructed stance. Ford crossed her arms during instructions and continuously lifted her arms not keeping it on her side as instructed. During the exercise, Ford failed to properly turn as instructed. Ford was slow and methodical as he counted her steps and used arms to keep balance. It should be noted the area we free and clear from debris.

One Leg Stand

During the one leg stand, I asked Ford to stand with her feet together and with her arms down at the sides. I told Ford not to start until told to do so. After, I had Ford get into the instructional position while I gave her instructions for the exercise. Ofc. Howard then demonstrated the exercise for her. While conducting the evaluation, Ford used her arms for balance by raising them more than six inches from her side. She was also swaying during the exercise.

Finger To Nose

I told Ford to stand with her feet together and her arms by her side. I asked Ford if she knew her right from her left and she demonstrated she did. After I had Ford get into the instructional position I gave her the instructions for the exercise. I then demonstrated the exercise for her. I asked Ford if she understood, and she stated he did. During the evaluation Ford missed touching tip to tip each time she was asked to use her right finger. Ford was able to complete the task from her left finger.

Romberg Balance

I told Ford to stand with her feet together and her arms by her side. I told Ford when I instructed her to, I wanted her to tilt her head back and close her eyes. I told Ford I wanted her to approximate thirty seconds in her head. I told Ford when she finished to look at me and tell me she was done. I asked Ford if she understood those instructions and she stated she did. While conducting the evaluation Ford's body had a slight sway. Ford told me she was finished after approximately 34 seconds, but she counted to 30.

Breath Results from Instrument

1st Result 0.119 2nd Result 0.106 3rd Result If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

03/29/2023 (DATE)

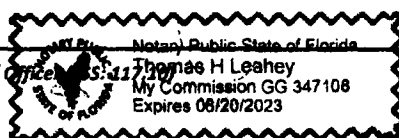
Personally Known

Produced Identification

Notary Public

T. Leary

Notary Clerk of Courts / Office



[Signature]

Signature of Arresting Officer

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? _____

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: _____

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: 03/29/2023

Date of Last Agency Inspection: 03/10/2023
Observation Period Began: 00:34
Subject's Name: CAMELLIA A FORD

DOB: 07/05/1997 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	01:06
	Air Blank	0.000	01:07
	Control Test	0.080	01:07
	Air Blank	0.000	01:07
	Subject Sample #1	0.119	01:08
	Air Blank	0.000	01:09
	Air Blank	0.000	01:11
	Subject Sample #2	0.106	01:11
	Air Blank	0.000	01:12
	Control Test	0.080	01:12
	Air Blank	0.000	01:13
	Diagnostics Check	OK	01:13

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 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 E Miller Date: 03/29/23
Signature

Sworn to (or affirmed) before me this 29 day of March, 2023

[Signature] Signature of Notary Public-State of Florida
ofc. A. Mendez 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 # 23-051387 PBSO ZONE 3-22

AGENCY CASE # 23-5449 CRASH CASE # _____

TIME OF STOP/CRASH 2321 DATE 5/28/29 DAY Tuesday

SUBJECT'S NAME Ford Camellia A RACE W SEX F
LAST FIRST MID

HGT 5'06 WGT 115 DOB 7/5/97

LOCATION S Dixie Hwy / Pembroke P1

ARRESTING OFFICER'S NAME & ID Mendez #2276 AGENCY WPBPD

DIVISION: _____

NOTIFIED BY COMMO NO

ARRIVAL AT FACILITY 0034

ARREST TIME 0003

BREATH RESULTS:

- 1) .119
- 2) .106
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 41017 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: WPPD

SUBJECT: FORD, CAMELLIA .A.

CASE NUMBER: 23-051387

DATE: Mar 29, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:02

ENDING TIME: 01:15

BREATH TESTS RESULTS: 1) .119 TIME 01:08 A.M. P.M. 2) .106 TIME 01:11 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: MUMBLED

ATTITUDE: CALM, QUIET, COOPERATIVE, CRYING

CLOTHING: PINK FLORAL DRESS, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: PROZAC, ADDERALL, VIOVAN

OTHER:

BLOODSHOT AND GLASSY EYES.

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:34 HRS.

SUBJECT: AGREED TO TAKE TEST.

TECH: READ TEST RESULTS.

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS.

A/O: READ RIGHTS.

SUBJECT: STATED SHE UNDERSTOOD RIGHTS.

A/O: ATTEMPTED Q & A.

SUBJECT: REFUSED 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"/>	(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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023008207	Date: 3/29/2023
	Specialist Name/ID: Pinkneya/7796