

50-2025-mm-006955 AMB

Marsy's Law CVI FL Const. Art. 1 § 18(b)

ARREST / NOTICE TO APPEAR

Check if Supplement is Attached

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

Juvenile

OBTS Number \_\_\_\_\_

Agency ORI Number **0502300** Agency Name **North Palm Beach Police Department** Agency Report Number (N.T.A.'s only) **70 25-000442**

Charge Type:  1. Felony  3. Misdemeanor  5. Ordinance  
 2. Traffic Felony  4. Traffic Misdemeanor  6. Other

If Weapon Seized: Enter Type **UNARMED** Multiple Clearance Indicator \_\_\_\_\_

Location of Arrest (Including Name of Business) **126 ANCHORAGE DR S, NORTH PALM BEACH, FL 33408** Location of Offense (Business Name, Address) **126 ANCHORAGE DR S, NORTH PALM BEACH, FL 33408**

Date of Arrest **08/04/2025** Time of Arrest **00:48** Booking Date \_\_\_\_\_ Booking Time \_\_\_\_\_ Jail Date \_\_\_\_\_ Jail Time \_\_\_\_\_ Location of Vehicle \_\_\_\_\_

Name (Last, First, Middle) **PFIRMAN, CARINA MARCELA** Alias (Name, DOB, Soc. Sec. #, Etc.) \_\_\_\_\_

Race:  W - White  B - Black  I - American Indian  O - Oriental/Asian Sex **F** Date of Birth **10/05/1986** Height **5'03** Weight **136** Eye Color **BROWN** Hair Color **BLONDE** Complexion **Light** Build **Small**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) \_\_\_\_\_ Marital Status **S** Religion **CHRISTIAN** Indication of Alcohol Influence  Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip) **2650 LAKE SHORE DR UNIT 1205, RIVIERA BEACH, FL 33404** Mobile Phone \_\_\_\_\_ Residence Type:  1. City  2. County  3. Florida  4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip) **2650 LAKE SHORE DR UNIT 1205, RIVIERA BEACH, FL 33404** Phone \_\_\_\_\_ Address Source \_\_\_\_\_

Business Address (Name, Street) (City) (State) (Zip) \_\_\_\_\_ Phone \_\_\_\_\_ Occupation **UNEMPLOYED**

D/L Number, State **P855113868650 / FL** Soc. Sec. Number \_\_\_\_\_ INS Number \_\_\_\_\_ Place of Birth (City, State) **COLOMBIA** Citizenship **NOB**

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

Parent Name (Last) (First) (Middle) \_\_\_\_\_ Residence Phone \_\_\_\_\_

Legal Custodian \_\_\_\_\_

Other \_\_\_\_\_

Address (Street, Apt. Number) (City) (State) (Zip) **(11 NO BOND)** Business Phone \_\_\_\_\_

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  defendant and/or  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.  Yes, by: (Name) \_\_\_\_\_  No. (Reason) \_\_\_\_\_

School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Property Crime?  Yes  No Description of Property \_\_\_\_\_ Value of Property \_\_\_\_\_

Drug Activity:  No  S. Sell  R. Smuggle  K. Disperse/Distribute  M. Manufacture/Produce/Cultivate  Z. Other  N. N/A  A. Amphetamine  B. Barbiturate  C. Cocaine  E. Heroin  H. Hallucinogen  M. Marijuana  O. Opium/Deriv.  P. Paraphernalia/Equipment  U. Unknown  Z. Other  S. Synthetic

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
<b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>	<b>1</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>784.03(1)(A)(1)</b>	
Drug Activity   Drug Type   Amount / Unit	Offense #	Warrant / Capias Number	Bond	
<b>N</b>				
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Drug Activity   Drug Type   Amount / Unit	Offense #	Warrant / Capias Number	Bond	
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Drug Activity   Drug Type   Amount / Unit	Offense #	Warrant / Capias Number	Bond	
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Drug Activity   Drug Type   Amount / Unit	Offense #	Warrant / Capias Number	Bond	

Location (Court, Room Number, Address) \_\_\_\_\_

Court Date and Time: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ 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 **25 AUG 4 AM 6:40**

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 \_\_\_\_\_

HOLD for Other Agency  Dangerous  Resisted Arrest  Suicidal  Other \_\_\_\_\_

Signature of Arresting Officer **Tonkin, L.** Name Verification (Printed by Arresting) **AUG 4 AM 2:03**

Intake Deputy **Mil HONCAL 7206** ID # \_\_\_\_\_ Pouch # \_\_\_\_\_ Transporting Officer **9906 NPB** Agency \_\_\_\_\_

Witness here if subject signed with an "X" \_\_\_\_\_

0500331

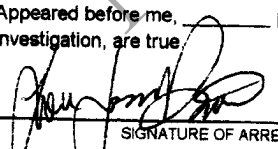

SCANNED

AUG 04 2025

2162

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT  
Palm Beach County

A D M I N	Date / Time <b>08/03/2025 23:07</b>	Agency ORI Number <b>FL FL0502300</b>		Agency Name <b>NORTH PALM BEACH POLICE</b>	Agency Report Number <b>7   0   25-000442</b>
	Name (Last, First, Middle) <b>PFIRMAN, CARINA MARCELA</b>				Race <b>W</b>
D E F E N D A N T	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>				Date of Birth <b>10/05/1986</b>
	Victim's Name (Last, First, Middle) <b>THOMPSON, TRAVIS J</b>				Race <b>W</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>126 ANCHORAGE DR S, NORTH PALM BEACH, FL 33408</b>			Phone	Address Source
	Business Address (Name, Street) (City) (State) (Zip)			Phone	Occupation
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):		
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral				
N A R R	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>DATING</b>				
	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: <b>CARINA PFIRMAN</b></p> <p>WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <b>HANDS</b></p> <p>WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS: <input checked="" type="checkbox"/></p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: <input checked="" type="checkbox"/></p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES: <input checked="" type="checkbox"/></p> <p>H. R. S. NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: <input checked="" type="checkbox"/></p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>				
On 08/03/2025 at approximately 9:51pm, Police Officers were dispatched to 126 Anchorage Drive South, North Palm Beach, FL 33408 in reference to a domestic disturbance.					
Upon arrival police officers made contact with the caller Carina M. Pfirmman (W/F DOB 10/05/1986) outside of					
STATE OF FLORIDA COUNTY OF PALM BEACH					
Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.					
 9906 SIGNATURE OF ARRESTING OFFICER					
Sworn to and subscribed to before me this <u>3</u> day of <u>August</u> , 2025					
<b>BOARDMAN, JESSICA</b>  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117.10)					

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>08/03/2025 23:07</b>	Agency ORI Number <b>FL FL0502300</b>	Agency Name <b>NORTH PALM BEACH POLICE</b>	Agency Report Number <b>7   0   25-000442</b>
	N A R R A T I V E			

the home who was sitting in her daughter's vehicle wearing light colored top with light colored shorts and light colored shoes. Pfirmman stated she got into a verbal argument with her boyfriend Travis J. Thompson (W/M DOB 09/18/1970) who physically grabbed her by the arms and kicked her out of the house, and then threw her clothes out on the driveway. Pfirmman stated she just wanted her phone back and her jewelry but Thompson would not give it back. Pfirmman did show minor redness on her upper arms but declined medical attention.

Police officers made entry into the home and made contact with Thompson who was sitting on the bed in his bedroom wearing blue pants and no shirt. Thompson stated both Pfirmman and himself had been drinking and they got into a verbal argument at a bar. Thompson stated Pfirmman refused to come back home with him and he left her at the bar. Thompson stated he told Pfirmman to stay out of his home and they can revisit the conversation tomorrow. Thompson stated he got back to the house and made dinner for Pfirmman's daughter, Angela Pfirmman (H/F DOB 04/12/2004) and her friend. Thompson stated he went to his room and when he came out Angela was gone and just assumed her mom called her and told her to leave. Thompson then received a call from Angela asking for her friend to come into the house to get her stuff. Thompson stated Pfirmman then pushed her way into the residence and tried to get into the room at which time she jumped on him and physically attacked him. Thompson physically grabbed Pfirmman by the arms and walked her out the front door and locked it. Thompson did sustain scratches and bruises throughout his upper body and arms consistent with his statement.

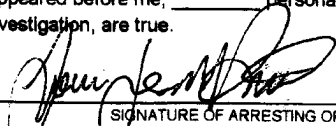
Based on my investigation and the totality of the circumstances, I find Carina Pfirmman in violation of F.S. 784.03(1). The offense of battery occurs when a person actually and intentionally touches or strikes another person against the will of the other. Pfirmman was placed under arrest and secured in handcuffs which were double locked and checked for spacing before being placed into the back of a marked police vehicle. I provided Thompson with a domestic violence information packet, for which he signed. Thompson also completed an affidavit of prosecution. A domestic violence risk assessment screen was completed. Police officers also made contact with a victim's advocate who stated they would reach out to Thompson. Pfirmman was taken to the North Palm Beach Police Station for processing and later transported to the Palm Beach County Jail without incident.

Police officers also made contact with Angela Pfirmman who stated she did not see what happened but did see her mom outside the home and heard her and Thompson arguing.

All photographs of the injuries as well as all necessary documentation was forwarded to records.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 03 day of August, 2025

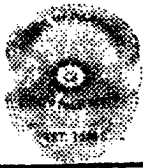
**BOARDMAN, JESSICA**   
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

# NORTH PALM BEACH POLICE DEPARTMENT

## DOMESTIC VIOLENCE RISK ASSESSMENT

### SCREEN FOR FIRST RESPONDERS

24-7 HOTLINE NUMBER TO CALL THE VICTIM ADVOCATE IS 561-883-7273



Officer: <b>Bussek</b>	Date: <b>8/3/25</b>	Case #: <b>25000442</b>
Victim: <b>Travis J. Thompson</b>	Offender: <b>Carina M. Pfirman</b>	D.O.B.: <b>10/5/86</b> Arrest: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Victim's Hm/Cell Telephone Number: <b>215-718-<del>7350</del> 7350</b>	Victim Alternate Telephone Number: <b>NONE</b>	
Best time to call victim:	Victim transported to Shelter: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> Check here if victim refused to answer all of the questions.		

▶ **Negative responses to Questions #1-3 but positive responses to at least four Questions to #4-14b, triggers a Victim Advocate referral**

1. Has he/she ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
2. Has he/she threatened to kill you or your children?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
4. Does he/she have a gun or can he/she get one easily?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
5. Has he/she ever tried to choke you?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
6. Is he/she <u>violent</u> , <u>constantly jealous</u> or does he/she control most of your daily activities?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
7. Does he/she follow, spy on you or leave threatening messages?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
8. Have you left him/her, separated after living together or being married?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
9. Is he/she unemployed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
10. Has he/she ever tried to kill himself/herself?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
11. Do you have a child/children together?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
12. Do you have a child that he/she knows is not theirs?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
13. Has he/she been physical towards the child(ren) in a manner that concerns you?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
14a Does he/she have an alcohol/substance abuse problem? If yes, list substance below (14b)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Ans.
14b <b>ALCOHOL</b>			

Is there anything else that concerns you about your safety? If "yes", please explain.

**YES, SHE IS AGGRESSIVE**

Check One: <input checked="" type="checkbox"/> Victim screened-in according to the protocol	<input type="checkbox"/> Officer decided not to screen * (Please explain)
<input type="checkbox"/> Victim screened-in based on the belief of officer	* Why?
<input type="checkbox"/> Victim did not screen-in	

If victim screened in: After advising him/her of a high danger assessment, did the victim speak with a Victim's Advocate?  YES  NO

NOTE: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risks than that of other victims of intimate partner violence.

# STATE OF FLORIDA DOMESTIC VIOLENCE LETHALITY ASSESSMENT

Officer Name: <b>BUSSEL</b>	Badge #: <b>988</b>	Department/Precinct: <b>NPBPD</b>	Case #: <b>25000442</b>
Victim Name: <b>Travis J. Thompson</b>	DOB: <b>9/19/72</b>	Sex: <b>M</b>	Race/Ethnicity: <b>W</b>
Victim Phone: <b>(815) 718-7350</b>	Is this a safe #?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to offender: <b>Boyfriend</b>	
Offender's name: <b>Carina M. P. ...</b>		Consent to follow-up call from service provider: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

A "Yes" response to any of Questions 1-4 will require law enforcement to advise the victim they are in a potentially lethal situation.

1. Did they ever use a weapon against you or threaten you with a weapon?  Yes  No  No Ans
2. Did they ever threaten to kill you or your children?  Yes  No  No Ans
3. Do you believe they will try to kill you?  Yes  No  No Ans
4. Have they ever choked you or attempted to choke you?  Yes  No  No Ans

A "No" response to Questions 1-4, but a "Yes" response to at least four of the questions between Questions 5-11 will require law enforcement to advise the victim they are in a potentially lethal situation.

5. Do they have a gun or could they easily obtain a gun?  Yes  No  No Ans
6. Are they violently or constantly jealous, or do they control most of your daily activities?  Yes  No  No Ans
7. Did you leave or separate from them after you were living together or married?  Yes  No  No Ans
8. Are they unemployed?  Yes  No  No Ans
9. To the best of your knowledge, have they ever attempted suicide?  Yes  No  No Ans
10. Do you have a child who they believe is not their biological child?  Yes  No  No Ans
11. Have they ever followed, spied on, or left threatening messages for you?  Yes  No  No Ans

If the result of the victim's response to Question 12 leads the law enforcement officer to believe the victim is in a potentially lethal situation, then law enforcement will be required to advise the victim of that result.

12. Is there anything else that worries you about your safety? If so, what worries you?

**YES, SHE IS AGGRESSIVE**

Check one:	<input type="checkbox"/> The victim declined to be screened.
	<input type="checkbox"/> The officer could not administer the screen.
	<input checked="" type="checkbox"/> The victim is in a potentially lethal situation based on score.
	<input checked="" type="checkbox"/> The victim is in a potentially lethal situation based on the officer's belief.
	<input type="checkbox"/> The victim is not in a potentially lethal situation.

**Remember:** Law enforcement must advise all victims of the nearest locally certified domestic violence center, regardless of score or officer belief.

Each situation may present unique factors that influence risk for lethal violence that are not captured in this assessment. Although most victims who are believed to be in a potentially lethal situation would not be expected to be killed, these victims face a much higher risk than other victims of intimate partner violence.

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 25000442 Agency: North Palm Beach  
Offense: Domestic Violence  
Suspect/Offender: Pfirman, Carina M.  
D.O.B. 10/05/1986 Race: Hispanic Sex: Female

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: Thompson, Travis J D.O.B. 9-18-1972 Race: White Sex: Male  
Address: 126 Anchorage Drive S.  
City: North Palm Beach State: FL Zip: 33408  
Home #: 215-718-7350 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

## Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Deputy's Name: \_\_\_\_\_ I.D. # \_\_\_\_\_ Date: \_\_\_\_\_

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER: Pfirman, Carina M.  
COURT CASE/WARRANT #: 25000442  
(FOR WARRANTS USE ONLY)



# Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
I/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 99 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: 2025020587	Date: 8/4/2025
	Specialist Name/ID#: T. Howard/7185