0539233 23CT5556 NB 70

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPARTMENT	78 - 23001681

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): PGA Blvd/Old Palm Dr, PBG, FL, 33410

Location of Offense (Business Name, Address): PGA Blvd/Spice DR, PBG , FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/26/2023	22:18					KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): Deluca, Janet, P

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	10/20/1969	503	145	Blue	Blonde	Light	Small

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): Ear Piercings

Marital Status: Married | Religion:

Indication of: Alcohol Influence Y ☑ N ☐ Unk. ☐ | Drug Influence Y ☐ N ☐ Unk. ☑

Local Address (Street, Apt. Number) (City) (State) (Zip): 143 Rockway Ave, Garden City, NY

Phone: (516) 509-6224

Residence Type: 1. City 2. County 3. Florida 4. Out of State | 4

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone:

Address Source: NYDL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation: Attorney

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
750172715 NY	[redacted]		Flushing NY	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — 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 provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☑N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
			23001681		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Refusal to Sign Criminal Citation	1	☐Y ☑N	318.14(3)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			23001681		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount I Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month April Day 27 Year 2023 Time 10:00 AM X PM

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

refusal to Sign — 03/26/2023

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: X [signature]

Name of Arresting Officer (Print): J. Kahn — I.D. #: 545

Name Verification (Printed by Arrestee) (PRINT):

Intake Deputy: [illegible] I.D. #: 7200 Pouch #:

Transporting Officer: J. Kahn — ID #: 514 — Agency: PBG PD

Witness here if subject signed with an -X"

PAGE 1 OF 1

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D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 26th day of March 2023 at 21:53 ☐ AM ☑ PM

Subject: Deluca, Janet, P Case Number: 23001681

Agency: *PALM BEACH GARDENS POLICE DEPARTMENT* Arresting Officer: J. Kahn 545

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Bobbing in lane
Swerving across lanes
Rolled over curb and drove on sidewalk

OBSERVATION OF DRIVER:

Bloodshot/Watery eyes
Flushed face
Driver defecated herself several times following SFST's

DRIVER STATEMENTS:

Her and her husband were coming from the River House restaurant where they had dinner and drinks this evening.
Advised she was trying to pull-over when she rolled over the curb and onto the sidewalk.

ODORS: unknown alcoholic beverage inside the car/on her peron outside the vehicle

GENERAL OBSERVATIONS

SPEECH: slow/slurred
ATTITUDE: compliant/nervous
CLOTHING: dress/defecated herself
MEDICAL/OTHER: high blood pressure, wears glasses

STATE OF FLORIDA
COUNTY OF PALM BEACH

J Kahn 545
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 26th day of March 20 23 by J. Kahn 545 who is ☐ personally known to me or ☐ produced _____.

Notary Public, Clerk of Court, Officer (FSS 117.10)

STAMP

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **Deluca, Janet, P** Case Number: **23001681**

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE	*RIGHT EYE*
☑ Lack of Smooth Pursuit	☑ Lack of Smooth Pursuit
☑ Distinct & Sust. Nystag. at Max. Deviation	☑ Distinct & Sust. Nystag. at Max. Deviation
☑ Onset of Nystagmus Prior to 45 Degrees	☑ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Equal tracking, equal pupil size, no resting nystagmus, and vertical nystagmus. Swayed orbitally, could not follow the stimuli for the duration of the exercise.

Walk and Turn

-Unable to maintain balance during instruction phase.
-Started prior to being told.
-Stopped during task.
-Missed heel-to-toe.
-Stepped off the line.
-Used arms for balance.
-Improper turn.
-Incorrect number of steps.
Refer to Probable Cause Affidavit for further details.

One Leg Stand

-Swayed.
-Used arms for balance.
-Puts foot down.
-Did not count.
-Lifted/lowered raised foot during task.
-Switched feet during task.
-Could not complete exercise.
Refer to Probable Cause Affidavit for further details.

Rhomberg

-Swayed.
-Used arms for balance.
-Did not keep eyes closed.
-Lowered head.
-Improperly Recited: A-B-C-D-E-F-G-H-I-J-K-L-M-N-O-P-Q-R-S-T-U-V-W-X-Y-Z
Refer to Probable Cause Affidavit for further details.

Finger to Nose

-Did not keep eyes closed.
-Lowered head.
-Wrong finger.
L: Tip Pad / Tip Side Above Below;Held
R: Tip Pad / Tip Side Above Below;Held
L: Tip Pad / Tip Side Above Below;Held
R: Tip Pad / Tip Side Above Below;Held
R: Tip Pad / Tip Side Above Below;Held
L: Tip Pad / Tip Side Above Below;Held
Refer to Probable Cause Affidavit for further details.

BREATH RESULTS: 1) _____ @ _____ **2)** _____ @ _____ **3)** _____ @ _____ **4)** _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

J Kahn 545
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 26th day of March 20 23 by J. Kahn 545 who is ☐ personally known to me or ☐ produced _____.

Notary Public, Clerk of Court, Officer (FSS 117.10)

STAMP

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PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 23-050636 PBSO Zone: 3-15

Agency Case #: 23001681 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 21:53 Date of Incident: 03/26/2023 Day: Sunday

Location of Incident: PGA Blvd/Spice DR, PBG , FL, 33410

Arrest Information:

Time of Arrest: 22:18 Date of Arrest: 03/26/2023 Day: Sunday

Location of Arrest: PGA Blvd/Old Palm Dr, PBG, FL, 33410

Subject's Name: (L) Deluca, (F) Janet, (M) P

DOB: 10/20/1969 Race: W Sex: F Height: 503 Weight: 145 Hair Blonde Eye Blue

Address: 143 Rockway Ave, Garden City, NY Phone: (516) 509-6224

Arresting Officer's Name: J. Kahn ID#: 545

Agency: PBG PD Division: Patrol

Breath Results

1) _____ at _____ hrs.
2) _____ at REFUSED hrs.
3) _____ at _____ hrs.
4) _____ at _____ hrs.

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 23:11/23:36

Subject Arrest Time: 22:18

Breath Test Operator: 4/017

PBSO

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: DELUCA, JANET .P.

CASE NUMBER: 23-050636

DATE: Mar 26, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:04

ENDING TIME: 00:10

BREATH TESTS RESULTS: 1) R TIME 00:09 A.M. ☒ P.M. ☐ 2) N/A TIME N/A 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 TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: AGITATED, CRANKY,IRRITATED

CLOTHING: DEFECATED MULTICOLOR DRESS, BROWN SANDALS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: WELLBUTRIN

REFUSED

OTHER:

NOT A CERTIFIED COPY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:11 HRS.SUBJECT NEEDED TO USE RESTROOM SECOND 20 MINUTE OBSERVATION STARTED AT 23:36 HRS.

SUBJECT: REFUSED TO ANSWER IF SHE WOULD TAKE TEST,KEPT ASKING TO SPEAK TO A ATTORNEY.

A/O: READ I/C.
SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TO ANSWER IF SHE WOULD TAKE TEST.

A/O: CALLED REFUSAL AT 00:09 HRS.

A/O: READ RIGHTS.
SUBJECT: STATED SHE UNDERSTOOD RIGHTS.

A/O: NO Q & A CONDUCTED.
SUBJECT: INVOKED RIGHTS TO COUNSEL.

REFUSED

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: DELUCA, JANET .P.

CASE NUMBER: 23-050636

DATE: Mar 26, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:04

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SUBJECT: STATED SHE UNDERSTOOD RIGHTS.

A/O: NO Q & A CONDUCTED.
SUBJECT: INVOKED RIGHTS TO COUNSEL.

REFUSED

23001681

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, J. Kahn, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 26th day of March, 2023, at 22:18 ☑P.M. ☐A.M.

DRIVER Janet P Deluca,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # 750172715, state of NY, was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by J. Kahn and
(Name of Arresting Officer)

issued citation # AGEVG2E.

That on or about the 27th day of March, 2023, at 00:09 ☐P.M. ☑A.M.

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.

J Tch 545
Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Patrol Officer

Date 03/27/2023

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 26th day of March, 20 23, by J. Kahn, who is personally known to me or who has produced _____ as identification.

Notary Public _____

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.

NOT A CERTIFIED COPY

EFFECTIVE OCTOBER 1, 2021

23001681

DUI WITNESS LIST

Arresting Officer: J. Kahn 545 Email: _____
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: D. Morea, Y. Borgela, A. Woods
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Scene safety, pat down

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: _____ ID: _____ Agency: PBSO

DRE: _____ ID# _____ 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

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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: _____

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)_____

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023007979	**Date:** 3/27/2023
	Specialist Name/ID: M. Tooks #8557