50-2023-CF-004505AMB

05407351

1901

☒ Marsy's Law CVI FL Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

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:

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06-23071475 ( )

Charge Type: Check as many as apply. ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other _____ | If Weapon Seized: Enter Type _____ | Multiple Clearance Indicator:

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
DISTRICT 6 - 7894 S. JOG RD, LAKE WORTH, FL 33467	[redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/24/2023	1330	05/24/2023				

DEFENDANT

Name (Last, First, Middle): [redacted] | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	[redacted]	5'08"	160	Brown	Brown	Medium	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of: Alcohol Influence / Drug Influence (Y / N / Unk)
GLASSES, LEFT & RIGHT ARM TATTOO BUDDAH & SKULL	Divorced	Jewish	Y ☐ N ☒ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip)	Mobile Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
[redacted]	[redacted]	2

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
	( )	DRIVER'S LICENSE

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	( )	LIFE COACH

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S513-552-77-147-0 FL	[redacted]		BROOKLYN, NY	USA

CO-DEF

Co-Defendant (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
Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	☐ 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 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

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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DOMESTIC BATTERY 65+	2	☒ Y ☐ N	784.08 (2)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23071475		

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

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

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

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

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)

Court Date and Time: Month Day Year Time A.M. ☐ P.M. ☐

FILED PBC - GUN CLUB
'23 MAY 25 AM 8:11

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 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

ADMIN

HOLD for other agency	Signature of Arresting Officer	I.D. #	Name Verification (Printed by Arrestee)
	x D/S SKUZA V.	38447	(PRINT)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:	Name of Arresting Officer (Print)	I.D. #	
	D/S SKUZA, V.	38447	
Intake Deputy I.D. # Pouch #	Transporting Officer I.D. #	Agency	Witness here if subject signed with an "X"
	D/S SKUZA, V. 38447	PBSO	

PAGE 1 OF 1

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 1 | Juvenile:

ADMIN

Agency ORI Number: FLO. 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 23071475

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other | Special Notes:

DEF

Name (Last, First, Middle): [redacted] | Alias: | Race: W | Sex: M | Date of Birth: [redacted]

CHARGES

Charge Description: Battery of Person Over 65 Years of Age 784.08 (2)(c)

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): [redacted] | Race: W | Sex: M | Date of Birth: [redacted]

Local Address (Street, Apt Number) (City) (State) (Zip): [redacted] | Phone: [redacted] | Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: MEDICAL DOCTOR

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.

The Person taken into custody:

☐ committed the below acts in my presence.

☒ confessed to D/S SKUZA, V. #38447 admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 24TH day of May 20 23 at 1230 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

☒ Marsy's Law CVI
FL. Const. Art.1 § 16(b)

I responded to a domestic in progress at [redacted] Upon arrival, I met with the complainant/victim, [redacted] both identified with a Florida State driver's license. Upon entering the residence, I advised them that the incident was being recorded on my body worn camera. I noticed [redacted] was holding her left elbow, which was apparently bleeding. After offering both complainants an ambulance to treat any injuries, and both refused, I asked [redacted] what occurred and he stated that [redacted] and him were on zoom having a therapy session. During the session, [redacted] became upset and walked away to his bedroom. [redacted] followed [redacted] to the bedroom and asked him to explain his anger. [redacted] said that [redacted] told him he doesn't understand him and cursed at him. [redacted] said he pressed [redacted] to talk about his anger and at that time, [redacted] grabbed him, threw him onto the bed facedown, and began punching him with a closed fist. [redacted] said he turned over onto his back and [redacted] continued punching him, while he covered his face.

At this time [redacted] interjected and began telling me that she was in the garage and overheard the fight. She ran to [redacted] bedroom and saw [redacted] beating on [redacted] said she attempted to stop [redacted] by grabbing a soda can that was on top of [redacted] dresser and threw it at [redacted] She then tried to grab [redacted] from behind, when [redacted] turned around and shoved [redacted] onto the floor causing her injuries. [redacted] continued speaking at this time and said after [redacted] threw his mother, [redacted] onto the floor, he said he was calling the police. [redacted] then ran off and drove away in his car.

I proceeded to tell [redacted] and [redacted] that pictures would be taken of their injuries as evidence. I did observe a large burgundy bruise on [redacted] right shoulder and two abrasions that were bleeding on her left elbow, as well as blood on the living room floor. I also observed a bruise on [redacted] right forearm and he complained of pain to his chin and back of the head. A victim's rights brochure was given to both victim's where both were signed, and a case information form.

After leaving the victim's residence, I received a phone call from PBSO staff at District-6 that the suspect, [redacted] was surrendering himself to police. I proceeded to District-6 and met with [redacted] where he was advised he was being arrested for Domestic Battery. I handcuffed the suspect, double locked the cuffs, and checked for proper fit.

I read Miranda Rights to [redacted] where [redacted] admitted to punching [redacted] and shoving [redacted]

The victim's and suspect's statements were recorded on my body worn camera, which were uploaded into evidence.com.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S SKUZA 38447
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of May 20 23 by D/S SKUZA, V 38447

(Print name of Arresting/Investigative Officer), who is personally known to me and produced identification. Type of identification produced

7913
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

PAGE 1 OF 2

PBSO #0004 REV.4/22 DISTRIBUTION: STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

UNVERIFIED COPY

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 1

Juvenile:

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 23071475

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

Special Notes:

DEF

Name (Last, First, Middle): [redacted]

Alias:

Race: W Sex: M

Date of Birth: [redacted]

CHARGES

Charge Description: Battery of Person Over 65 Years of Age 784.08 (2)(C)

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): [redacted]

Race: W Sex: F

Date of Birth: [redacted]

Local Address (Street, Apt Number) (City) (State) (Zip): [redacted]

Phone: [redacted]

Address Source: FL DL

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

Phone: ( )

Occupation: RETIRED

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.

The Person taken into custody:

☐ committed the below acts in my presence.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ confessed to D/S SKUZA, V. #38447 admitting to the below facts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 24TH day of May 20 23 at 1230 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

☒ Marsy's Law CVI
FL. Const. Art.1 § 16(b)

I responded to a domestic in progress at [redacted] Upon arrival, I met with the complainant/victim, [redacted] both identified with a Florida State driver's license. Upon entering the residence, I advised them that the incident was being recorded on my body worn camera. I noticed [redacted] was holding her left elbow, which was apparently bleeding. After offering both complainants an ambulance to treat any injuries, and both refused, I asked [redacted] what occurred and he stated that [redacted] and him were on zoom having a therapy session. During the session, [redacted] became upset and walked away to his bedroom. [redacted] followed [redacted] to the bedroom and asked him to explain his anger. [redacted] said that [redacted] told him he doesn't understand him and cursed at him. [redacted] said he pressed [redacted] to talk about his anger and at that time, [redacted] grabbed him, threw him onto the bed facedown, and began punching him with a closed fist. [redacted] said he turned over onto his back and [redacted] continued punching him, while he covered his face.

At this time, [redacted] interjected and began telling me that she was in the garage and overheard the fight. She ran to [redacted] bedroom and saw [redacted] beating on [redacted] said she attempted to stop [redacted] by grabbing a soda can that was on top of [redacted] dresser and threw it at [redacted] She then tried to grab [redacted] from behind, when [redacted] turned around and shoved [redacted] onto the floor causing her injuries. [redacted] continued speaking at this time and said after [redacted] threw his mother, [redacted] onto the floor, he said he was calling the police. [redacted] then ran off and drove away in his car.

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After leaving the victim's residence, I received a phone call from PBSO staff at District-6 that the suspect, [redacted] was surrendering himself to police. I proceeded to District-6 and met with [redacted] where he was advised he was being arrested for Domestic Battery. I handcuffed the suspect, double locked the cuffs, and checked for proper fit.

I read Miranda Rights to [redacted] where [redacted] admitted to punching [redacted] and shoving [redacted]

The victim's and suspect's statements were recorded on my body worn camera, which were uploaded into evidence.com.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Skuza 38447
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of May 20 23 by D/S SKUZA, V 38447

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

7913
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: [redacted] (Name (Last, First, Middle)) **DOB:** [redacted] **Case #:** 23071475

Victim: [redacted] (Name (Last, First)) **DOB:** [redacted] **Race:** W **Sex:** F

Relationship between Victim and Defendant: [redacted]

Photographs: Scene ☒ Yes ☐ No **Victim** ☒ Yes ☐ No **Defendant** ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No **Caller:** [redacted]

Weapon Used: ☒ Yes ☐ No **Type:** HANDS

Witness: ☐ Yes ☒ No **Name:** (Last) (First) (Middle)

Victim Pregnant: ☐ Yes ☒ No **If yes,** weeks months

Injuries: ☒ Yes ☐ No **Description:** Laceration/Abrasion

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No **Paramedics:**

At Hospital: ☐ Yes ☒ No **Hospital:** Doctor:

Are Children Living in Home? ☐ Yes ☒ No **DCF Notified?** ☐ Yes ☒ No

Name: **DOB:**

Name: **DOB:**

Name: **DOB:**

Injunction ☐ Yes ☐ No **Case #:**

No Contact Order ☐ Yes ☐ No **Case #:**

Alcohol or Drugs ☐ Yes ☐ No ☐ Unknown

Prior History of Domestic/Dating Violence ☐ Yes ☐ No

Defendant's Statements ☐ Yes ☐ No **If yes,** ☐written ☐recorded ☐oral

First words Defendant said when you responded to scene: I fought with my [redacted]

Victim's Statements ☐ Yes ☐ No **If yes,** ☐written ☐recorded ☐oral

First words Victim said when you responded to scene: My [redacted] beat up his [redacted] and shoved me onto the floor.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☐ No **If yes, name:** **Phone:**

Observations of Victim (Physical & Emotional)

× Upset Crying × Fearful Hysterical × Afraid Calm × Nervous

× Complained of pain × Other bleeding from her left elbow

Victim Contact Information: (Last) [redacted] (first)

Local Address: [redacted]

Phone: [redacted]

Employer: none (Employer Address)

Name of Relative: (Last) (First) **Phone:**

Address:

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: [redacted] (Name (Last, First, Middle)) **DOB:** [redacted] **Case #:** 23071475

Victim: [redacted] (Name (Last, First)) **DOB:** [redacted] **Race:** W **Sex:** M

Relationship between Victim and Defendant: [redacted]

Photographs: Scene ☒ Yes ☐ No **Victim** ☒ Yes ☐ No **Defendant** ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No **Caller:** [redacted]

Weapon Used: ☒ Yes ☐ No **Type:** HANDS

Witness: ☐ Yes ☒ No **Name:** (Last) (First) (Middle)

Victim Pregnant: ☐ Yes ☒ No **If yes,** weeks months

Injuries: ☒ Yes ☐ No **Description:** bruise to right forearm, complaint of pain to back of head

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No **Paramedics:**

At Hospital: ☐ Yes ☒ No **Hospital:** Doctor:

Are Children Living in Home? ☐ Yes ☒ No **DCF Notified?** ☐ Yes ☒ No

Name: **DOB:**

Name: **DOB:**

Name: **DOB:**

Injunction ☐ Yes ☐ No **Case #:**

No Contact Order ☐ Yes ☐ No **Case #:**

Alcohol or Drugs ☐ Yes ☐ No ☐ Unknown

Prior History of Domestic/Dating Violence ☐ Yes ☐ No

Defendant's Statements ☐ Yes ☐ No **If yes,** ☐written ☐recorded ☐oral

First words Defendant said when you responded to scene: I fought with my [redacted]

Victim's Statements ☐ Yes ☐ No **If yes,** ☐written ☐recorded ☐oral

First words Victim said when you responded to scene: My [redacted] beat up me up.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☐ No **If yes, name:** **phone:**

Observations of Victim (Physical & Emotional)

× Upset Crying × Fearful Hysterical × Afraid Calm × Nervous

× Complained of pain × Other complained of pain to back of head and bruise on right forearm

Victim Contact Information: (Last) [redacted] (first)

Local Address: [redacted]

Phone: [redacted]

Employer: none (Employer Address)

Name of Relative: (Last) (First) **Phone:**

Address:

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PLEASE TEAR HERE

PALM BEACH COUNTY SHERIFF'S OFFICE
STATE OF FLORIDA COUNTY OF PALM BEACH

On 05/24 (DATE), 2023, I, [redacted] (PRINT VICTIM'S NAME)

have received a copy of the victim[redacted]S BROCHURE PBSO CASE NUMBER 23-071475

Signature o[redacted] D/S Signature

3847 I.D. Number

1. ☐ Yes - As a victim of harassment (FSS 784.048(2)), sexual battery, aggravated child abuse, domestic violence, aggravated stalking (FSS 784.048 (3)(4)), or aggravated battery (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address, and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.
2. ☑ Yes - I request Confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:

As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number, and work and business addresses of me and my family be redacted from my records, if my records are requested pursuant to a public records request.

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PLEASE TEAR HERE

PALM BEACH COUNTY SHERIFF'S OFFICE
STATE OF FLORIDA COUNTY OF PALM BEACH

On 05/24 (DATE), 2023, I, [redacted] (PRINT VICTIM'S NAME)

have received a copy of the VICTIM'S RIGHTS BROCHURE PBSO CASE NUMBER 23-071475

[redacted] D/S [signature] 38477

Signature of Victim D/S Signature I.D. Number

1. ☐ Yes - As a victim of harassment (FSS 784.048(2)), sexual battery, aggravated child abuse, domestic violence, aggravated stalking (FSS 784.048 (3)(4)), or aggravated battery (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address, and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

2. ☑ Yes - I request Confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:

   As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number, and work and business addresses of me and my family be redacted from my records, if my records are requested pursuant to a public records request.

FILED PBC - GUN CLUB
'23 MAY 25 AM8:11

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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	☒	Art.I s.16 (b)(5)	Other: Marsy's Law	1-8
	☒	415.107(1)	Other: Vulnerable adult abuse records and reports	1-8

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REVIEW COMPLETED BY

Booking Number: 2023013631	**Date:** 5/25/2023
	Specialist Name/ID: Chantel Daniels/30347