23CT1085-SB

# ARREST / NOTICE TO APPEAR

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

1 JUVENILE

## ADMINISTRATION

OBTS Number

Agency ORI Number: 0502000

Agency Name: Lantana Police Department

Agency Report Number (N.T.A.'s only): 6 | 4 | 23-000538

Charge Type: Check as many as apply — 1. Felony; 2. Traffic Felony; 3. Misdemeanor; 4. Traffic Misdemeanor [X]; 5. Ordinance; 6. Other

If Weapon Seized — Enter Type

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 600-BLK S DIXIE HWY LANTANA FL, 600 S DIXIE HWY BLK,

Location of Offense (Business Name, Address): 600 S DIXIE HWY BLK, LANTANA, FL 33462

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 01/27/2023 | 22:04 | 01/27/2023 | 22:14 | | | 633 INDUSTRIAL AVE |

## DEFENDANT

Name (Last, First, Middle): DAWSON, SHANNON J

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

| Race (W - White, I - American Indian, B - Black, O - Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | F | 10/24/1976 | 5'06 | 180 | BROWN | BLONDE OR | LIGHT | Medium |

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S

Religion:

Indication of: Alcohol Influence Yes [X] No [ ] Unk. [ ]; Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 3035 S SEACREST BLVD, BOYNTON BEACH, FL 33435

Phone: (954) 729-0135

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 3035 S SEACREST BLVD, BOYNTON BEACH, FL 33435

Phone: (954) 729-0135

Address Source:

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

Phone:

Occupation:

| DL Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| D250790768841 / FL | [redacted] | | Bronswick, NJ | 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

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

## JUVENILE

Parent [ ] Other: [ ] Legal Custodian [ ] 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 Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.
[ ] Yes, by: [ ] No

School Attended Grade

Property Crime? [ ] Yes [X] 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. Disperses/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 | Statute Violation Number | Violation of ORD # |
|---|---|---|
| DUI-DRIVING UNDER THE INFLUENCE | 316.193(1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | N | / | | 1 | Y [ ] N [X] | | |

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | Y [ ] N [ ] | | |

## CHARGE

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | Y [ ] N [ ] | | |

## INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: [ ] Mental [ ] Escape Risk [ ] Medication [ ] Deformities [ ] Injuries
Explain:

Check which applies: [ ] Released O.R. [ ] Released to Parent/Guardian [X] T.O.T. County Jail [ ] Posted Bond [ ] South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / | Time Transported : | Other

## NOTICE TO APPEAR

[X] INSTRUCTION NO. 1 - Mandatory appearance in court
[ ] INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): 200 W Atlantic Ave, DELRAY BEACH

Court Date and Time: 02/23/2023 08:30:00

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

No Photo Available

## ADMIN

HOLD for Other Agency

Deceased [ ] Resisted Arrest [ ] Suicide [ ] Other

JAN 28 2023

Signature of Arresting Officer: 839

Name of Arresting Officer (Print): TUANG, NGIN SIAN I.D. # 839

Refine Verification (Printed by Arrestee) (PRINT) JAN 28 AM 1:26

Intake Deputy: Bonilla I.D. # 18342

Pouch #

Transporting Officer: TUANG I.D. # 839 Agency LPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

COURT | STATE ATTORNEY | AGENCY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | D.A.T.E. | DEFENDANT

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05331629

908

*TYPE AGENCY*

**DUI TESTING FACILITY INFORMATION SHEET**

PBSO Case #: _____ PBSO Zone: _____

Agency Case #: 23-000538 Crash Case #: _____

**Incident Information:**

Time of Stop/Crash: 2126 Date of Incident: 01/27/2023 Day: Friday

Location of Incident: 600-blk S Dixie Hwy Lantana FL

**Arrest Information:**

Time of Arrest: 22:04 Date of Arrest: 01/27/2023 Day: Friday

Location of Arrest: 600-blk S DIxie Hwy Lantana FL

Subject's Name: (L) Dawson, (F) Shannon, (M) J

DOB: 01/24/1976 Race: W Sex: F Height: 506 Weight: 180 Hair bln Eye bro

Address: 3035 S Seacrest Blvd Boynton Beach FL Phone: (954) 729-0135

Arresting Officer's Name: Ofc. N. Tuang ID#: 839

Agency: Lantana PD Division: Road Patrol

**Breath Results**

1) REFUSED at 2312 hrs.
2) _____ at _____ hrs.
3) _____ at _____ hrs.
4) _____ at _____ hrs.

**---BAT Use---**

BAT Notified: 2217

Arrival Time at BAT: 2241

Subject Arrest Time: 22:04

Breath Test Operator: 16877

PBSO

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# D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 27 day of January 2023 at 2126 ☐ AM ☑ PM

Subject: Dawson, Shannon, J Case Number: 23-000538

Agency: *TYPE AGENCY* Arresting Officer: Ofc. N. Tuang 839

## PERSONAL CONTACT

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

Ofc Morales #778 was traveling northbound in the 600-blk S Dixie Hwy Lantana FL and observed a vehicle traveling southbound in the 600-blk S Dixie Hwy and making a left turn in front of him, almost causing the collision. Ofc Morales initiated a traffic stop and made contact with the driver/ sole occupant of the vehicle, Shannon Dawson (DOB 01/24/76).

**OBSERVATION OF DRIVER:**

I observed the driver having a notable glassy eyes, slurred speech, and I could smell odor of unknonwn beverage emitting from the driver's mouth as well. In addition, stand up and maintain balance on her own and had to hold on to the nearby railing for balance.

**DRIVER STATEMENTS:**

**ODORS:** Smell of unknown alcoholic beverages

## GENERAL OBSERVATIONS

**SPEECH:** Slurred

**ATTITUDE:** Upset and Calm

**CLOTHING:** Tan shirt, blue jeans, white shoes

**MEDICAL/OTHER:** None

STATE OF FLORIDA
COUNTY OF PALM BEACH

839
*SIGNATURE OF ATTESTING OFFICER*

The forgoing instrument was sworn to or affirmed and subscribed before me this 27th day of January 20 23 by Ofc. N. Tuang 839 who is ☑ personally known to me or ☐ produced _____.

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

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# D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **Dawson, Shannon, J** Case Number: **23-000538**

## 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:**

Refused the SFSTs. Notable sways while standing.

**Walk and Turn** ☐

Refused

**One Leg Stand** ☐

Refused

**Rhomberg** ☐

Refused

**Finger to Nose** ☐

Refused

**BREATH RESULTS: 1)** REFUSED @ 2312 **2)** _____ @ _____ **3)** _____ @ _____ **4)** _____ @ _____

**STATE OF FLORIDA**
**COUNTY OF PALM BEACH**

839
*SIGNATURE OF ATTESTING OFFICER*

The forgoing instrument was sworn to or affirmed and subscribed before me this 27th day of January 20 23 by Ofc. N. Tuang 839 who is ☒ personally known to me or ☐ produced _____.

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

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23-000538

# DUI WITNESS LIST

**Arresting Officer:** Ofc. N. Tuang 839 Email: ntuang@lantana.org
Agency Address: 901 N 8th St Lantana FL Phone: (561) 540-5701
Can Testify To: Facts of Case

**Backup Officers:** Ofc. L. Morales #778
Agency Address: 901 N 8th St Lantana FL Phone: (561) 540-5701
Can Testify To: Facts of Case

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

**Breathalyzer Technician:** _____ ID: _____ Agency: PBSO

**DRE:** _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

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**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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23-000538

# STATE OF FLORIDA
# AFFIDAVIT OF REFUSAL TO SUBMIT TO
# BREATH TEST

I, Ofc. N. Tuang, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of Lantana Police Department, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 27th day of January, 2023, at 22:04 ☑P.M. ☐A.M.
DRIVER Shannon J Dawson,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # D250790768841, state of Florida, was placed under lawful arrest for
the offense of DUI by Ofc. N. Tuang and
(Name of Arresting Officer)
issued citation # A87LN8E.

That on or about the 27th day of January, 2023, at 2312 ☐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.

839
Signature of Law Enforcement Officer or Correctional Officer

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

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 6/6/2024

The foregoing instrument was sworn to and subscribed before me this 27th day of January, 2023, by Ofc. N. Tuang, who is personally known to me or who has produced _____ as identification.

Notary Public _____

The foregoing instrument was sworn and subscribed before me:

_____
Signature of Attesting Officer

Title _____
Date _____

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

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# TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: Dawson, Shannon J.

CASE NUMBER: 23 -030367

DATE: Jan 27, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:08

ENDING TIME: 23:13

BREATH TESTS RESULTS: 1) Refused TIME 23:12 A.M. ☐ P.M. ☒ 2) N/A TIME ——— A.M. ☐ P.M. ☐

3) N/A TIME ——— A.M. ☐ P.M. ☐ 4) N/A TIME ——— A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

**TESTING OFFICER'S OBSERVATIONS**

REFUSED

SPEECH: Slurred

ATTITUDE: Agitated, rude, crying

CLOTHING: Blue jeans, LS tan shirt, white sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: None

**OTHER:**

REFUSED

Eyes are red
Odor of unknown alcoholic beverage on breath

---

**COMMENTS:**

Arrived at center A/O started 20 minute observation period at 22:41 hrs.

Subject refused to perform breath test.

A/O read I/C and subject stated she understood I/C.

Subject refused to take test.

A/O read rights.

NO Q&A conducted due to subject invoked her rights to counsel.

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SUBJECT: Dawson, Shannon J. CASE NUMBER: 23-000538

# 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) Refused on Camera

## 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) Refused on Camera

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WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

SUBJECT: Dixon, Shannon C. CASE NUMBER: 24-0700538

# 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: _____

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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: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2023002693 | **Date:** 1/28/2023 |
| | **Specialist Name/ID:** Chantel Daniels/30347 |