

ARREST / NOTICE TO APPEAR

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

JUVENILE  
19 OCT 2019

Agency ORI Number <b>0500400</b>	Agency Name <b>Delray Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>4, 0 19-000822</b>
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Offense <input type="checkbox"/> 6. Other	Multiple Charge Indicator <b>1</b>	How Type <b>None/not Applicable</b>
Location of Arrest (Including Name of Business) <b>S MILITARY TRL/W ATLANTIC AVE DELRAY BEA</b>		Location of Offense (Business Name, Address) <b>14799 S MILITARY TRL/W ATLANTIC AVE, DELRAY BEACH.</b>
Date of Arrest <b>01/17/2019</b>	Time of Arrest <b>01:08</b>	Booking Date

Name (Last, First, Middle) <b>LIBMAN, APRIL DEE</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian O - Original/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/11/1960</b>	Height <b>5'06</b>	Weight <b>125</b>	Eye Color <b>GREEN</b>
Local Address (Street, Apt. Number) <b>5179 EUROPA DR 0, BOYNTON BEACH, FL 33437</b>		State <b>FL</b>	Zip <b>33437</b>	Phone <b>(610) 212-9322</b>	Completion <b>FAIR</b>
Permanent Address (Street, Apt. Number) <b>5179 EUROPA DR 0, BOYNTON BEACH, FL 33437</b>		State <b>FL</b>	Zip <b>33437</b>	Phone <b>(610) 212-9322</b>	Build <b>MEDIUM</b>
Business Address (Name, Street) <b>KEE GRILL, 17940 S MILITARY TRL #700 BOCA RATON FL</b>		State <b>FL</b>	Zip <b>33433</b>	Phone <b>(610) 212-9322</b>	Religion <b>JEWISH</b>
DL Number, State <b>L155004607510 /</b>		Soc. Sec. Number	DOB Number	Place of Birth (City, State) <b>WAUSAU, WI, United</b>	Citizenship <b>US</b>

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)	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

Parent <input type="checkbox"/> Legal Custodian	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 IAC 3. Incarcerated				
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.			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property		

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Remains	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
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Charge Description <b>DUI-DAMAGE TO PERSON/PROPERTY</b>	Statute Violation Number <b>316.193(3)(C)(I)</b>	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Copies Number	Send <b>OR</b>
Charge Description	Statute Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Copies Number	Send
Charge Description	Statute Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Copies Number	Send

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformation <input type="checkbox"/> Injury
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	PROPERTY - Received By Released By Released To
Transported By	Date Transported Time Transported Other

<input checked="" type="checkbox"/> 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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b> Court Date and Time <b>02/11/2019 08:30:00</b>	No Photo Available
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.	Signature of Defendant (or Juvenile and Parent/Custodian) <b>[Signature]</b> Date Signed <b>019 JAN 18 AM 8:07</b>	

HOLD for Other Agency <input type="checkbox"/> Delays <input type="checkbox"/> Suspend	Signature of Arresting Officer <b>[Signature]</b> Name of Arresting Officer (Print) <b>BONET, LUIS C</b> ID # <b>1148</b>	Name Verification (Printed by Arresting) <b>[Signature]</b> (PRINT) <b>BONET, LUIS C</b> ID # <b>1148</b> Agency <b>DB</b>	Witness here if subject signed with an "X"
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0504619 Bonet 1148 2414

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17th DAY OF January 20 19 AT 0010  AM  PM  
SUBJECT: April Libman CASE NUMBER: 19000822  
AGENCY: Delray Beach ARRESTING OFFICER: Bonet 1148

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On the above date and time, I responded to an accident scene at S Military Trl and W Atlantic Ave. Upon arrival, I met with the defendant April Libman and Ofc Green who witnessed the crash. Green advised that he saw Libman in the driver seat right after collision. Libman stated that she was driving her vehicle at the time of the crash and that there were no passengers. Libman had made a left turn from W Atlantic Ave onto S Military Trail, going all the way to the far right lane and striking a marked police vehicle that had it's lights activated on a traffic stop.

## OBSERVATION OF DRIVER:

The defendant appeared impaired, had slow comprehension, slurred her speech, and was unable to maintain her balance while standing before roadsides tasks. She had the smell of an unknown alcoholic beverage emanating from her person.

## DRIVER'S STATEMENTS:

The defendant said that she had 1 vodka cranberry, that she had just gotten off of work and was at CJ's Sports Bar.

## ODORS:

Defendant had odor of an unknown alcoholic beverage about their breath.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite, talkative, and was laughing at different things.

CLOTHING: Black shirt, black pants, and black shoes

MEDICAL/OTHER: Wears perscription glasses.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of January 20 19 by Luis Bonet

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

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

SUBJECT: April Libman

CASE NUMBER 19-000822

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

Moved her head instead of following with her eyes at times.

**WALK & TURN:**

The defendant did not touch heel to toe on any of the steps, lost her balance a couple of times, used her arms for balance. She wasn't able to maintain her balance before the task during the instructions.

**ONE LEG STAND:**

The defendant put her foot down three times during the course of the task. The defendant used her arms for balance.

**FINGER TO NOSE:**

The defendant swayed, failed to touch the tip of nose with index finger and instead hit the side of her nose, and began using her wrong hand once before realizing and changing hands during the "right, right" transition.

**ROMBERG ALPHABET:**

The defendant failed to keep her head tilted back, however she was able to recite the alphabet in a steady cadence.

**BREATH TEST RESULTS:**


1) .126	2) .131	3)	4)
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STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of January 20 19 by Levi Bonet

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

 825 C. G. ...



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 19-026710      PBSO ZONE 4-11  
AGENCY CASE # 19-000822      CRASH CASE # 19-000822  
TIME OF STOP/CRASH 0010      DATE 1/17/19      DAY Thursday  
SUBJECT'S NAME April Libman      RACE W      SEX F  
HGT 5-06      WGT 125      DOB 07/11/60  
LOCATION S Military Trl/W Atlantic Ave  
ARRESTING OFFICER'S NAME & ID Bonet 1148      AGENCY Delray Beach

DIVISION: RP-FTD

NOTIFIED BY COMMO yes  
ARRIVAL AT FACILITY 01:26  
ARREST TIME 0052

- BREATH RESULTS:
- 1) .126
  - 2) .131
  - 3) N/A
  - 4) N/A

TESTING OFFICER'S ID 22079      PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SUBJECT: Libman, April 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: \_\_\_\_\_

SUBJECT: Libman, April

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and 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 fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S 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) \_\_\_\_\_

Read on Camera

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

# TESTING FACILITY TASK REPORT

AGENCY: DBPD  
SUBJECT: Libman, April D CASE NUMBER: P-096710  
DATE: 01/17/19 VIDEO TAPE NUMBER: NIA  
BEGINNING TIME: 02:03 ENDING TIME: 02:15  
BREATH TESTS RESULTS: 1) .136 TIME 02:07 (A.M./P.M.) 2) .131 TIME 02:10 (A.M./P.M.)  
3) NIA TIME - A.M./P.M. 4) NIA TIME - A.M./P.M.

BREATH OPERATOR: K. Moynihan #28079

MAINTENANCE TECHNICIAN: J. Kurlecke #16467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, Quiet, Cooperative, Friendly

CLOTHING: Black pants, Black long sleeve shirt, Black shoes

MEDICAL CONDITIONS: High Cholesterol Depression

MEDICATIONS: Zulift, Adderall, Lip

OTHER: Eyes glossy and blood shot

COMMENTS: Arrived at Testing Center. Also began 20 minute observation period at 01:26 hrs

A agreed to take test

Tech read Breath Test Results, and explained. A stated 'SO I'm over' and that she understood her results

No read rights

A stated she understood her rights

No attempted O+A

A involved Rights to Council

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: 80-006238 Software: 8100.27  
Date of Test: 01/17/2019

Date of Last Agency Inspection: 12/14/2018

Observation Period Began: 01:26

Subject's Name: APRIL D LIBMAN

DOB: 07/11/1960 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		02:05
Air Blank	0.000	02:06
Control Test	0.081	02:06
Air Blank	0.000	02:06
Subject Sample #1	0.126	02:07
Air Blank	0.000	02:08
Air Blank	0.000	02:10
Subject Sample #2	0.131	02:10
Air Blank	0.000	02:11
Control Test	0.080	02:11
Air Blank	0.000	02:12
Diagnostics Check OK		02:12

Cylinder Lot: 13518080A5  
Exp: 08/05/2020

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 KERIANE M MOYNIHAN, 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: Keriane M Moynihan

Signature

Date: 01/17/19

Sworn to (or affirmed) before me this 17 day of January, 2019

[Signature]  
Signature of Notary Public-State of Florida

Ofc. L. Bonet  
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.

# WITNESS LIST

CASE NUMBER: 19-000822

ARRESTING OFFICER: Luis Bonet

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33446

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: Arrest

NAME: Ofc Travis Green

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33446

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: Accident and wheel witness

NAME: Ofc Cianciarulli

ADDRESS 300 W Atlantic Ave Delray Beach, FL 33446

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

The Sunshine State

DRIVER LICENSE CLASS E  
L155-004-60-751-0

APRIL DEE

LEWIS

8179 EUROPA DR APT O

DAYTONA BEACH, FL 32117-2174

DOB: 07-11-1960 SEX: F

EXPIRES: 07-11-2017 HGT: 5-06



ORGAN DONOR

**SAFE DRIVER**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY



**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: 2019001967	Date: 1/17/2019
	Specialist Name/ID: J. Beck/9007