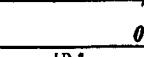


050353L

2020 CT005281 AMB

**ARREST / NOTICE TO APPEAR**

OBTS Number		ARREST / NOTICE TO APPEAR										1		JUVENILE									
ADMINISTRATION	Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias														
	0500800		West Palm Beach Police Department		914 2020-0006002																		
	Charge Type:		<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator										
	Check as many as apply:		<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor						<input type="checkbox"/> NOT APPLICABLE												
	Location of Arrest (Including Name of Business) <b>971 VILLAGE BLVD- WPB, FL 33409</b>										Location of Offense (Business Name, Address) <b>2175 PALM BEACH LAKES BLVD, WEST PALM BEACH, FL</b>												
	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle										
	04/05/2020		18:32		04/05/2020		18:42																
	Name (Last, First, Middle) <b>COOPER, BARBARA ELLEN</b>										Alias (Name, DOB, Soc. Sec. #, Etc.)												
	DEFENDANT	Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build					
		W - White B - Black		W - Asian		12/27/1979		5'06		120		BROWN		BLACK		FAIR		Small					
Scars, Marks, Tattoo, Unique Physical Features (Location, Type, Description)										Marital Status		Religion		Indication of Alcohol Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>							
S																							
Local Address (Street, Apt. Number) <b>1401 VILLAGE BLVD 113, WEST PALM BEACH, FL 33463</b>										(City)		(State)		(Zip)		Home Phone		(703) 674-9994		Residence Type			
Permanent Address (Street, Apt. Number) <b>1401 VILLAGE BLVD 113, WEST PALM BEACH, FL 33463</b>										(City)		(State)		(Zip)		Mobile Phone				1. City 3. Florida 2. County 4. Out of State			
Business Address (Name, Street)										(City)		(State)		(Zip)		Work Phone				Address Source			
																				VERBAL			
																				Occupation			
																				Therapist			
DL Number, State			Soc. Sec. Number			INS Number			Place of Birth (City, State)			Citizenship											
<b>C160065799670 / FL</b>									<b>PALM BEACH</b>			<b>US</b>											
CODEF	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile						
															<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor								
	Co-Defendant Name (Last, First, Middle)														<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile								
															<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor								
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____										Name (Last, First, Middle)				Residence Phone								
	<input type="checkbox"/> Legal Custodian																						
	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				
Released To: (Name)										Relationship		Date		Time				3. Incarcerated					
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.										School Attended				Grade									
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Property Crime?				Description of Property				Value of Property	
CODE	Drug Activity S. Sell R. Smuggle K. Disperse/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other										Drug Type N. N/A C. Cocaine E. Heroin		B. Barbiturate M. Marijuana O. Opium/Deriv.		H. Hallucinogen S. Synthetic		P. Paraphernalia/ Equipment		U. Unknown Z. Other				
	DRIVING WHILE UNDER INFLUENCE																		Statute Violation Number		Violation of ORD #		
																			<b>316.193(1) A</b>				
	Drug Activity Drug Type Amount / Unit Offense #										Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond				
	Charge Description																		Statute Violation Number		Violation of ORD #		
	Drug Activity Drug Type Amount / Unit Offense #										Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond				
	Charge Description																		Statute Violation Number		Violation of ORD #		
	Drug Activity Drug Type Amount / Unit Offense #										Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond				
CHARGE	Health / Apparent Physical Condition of Defendant										Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Defendants <input type="checkbox"/> Injuries Explain:												
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> PROPERTY - Received By <input type="checkbox"/> Released By <input type="checkbox"/> Released To																						
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health																						
	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>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>												
											Court Date and Time <b>07/16/2020 08:30:00</b>												
	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) Date Signed												
	I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.										(703) 674-9994 INITIAL												
	INTAKE	HOLD for Other Agency										Signature of Arresting Officer											
																							
										Name of Arresting Officer (Print) I.D. #													
										<b>THOMAS, MICAH</b> 02094													
										Transporting Officer I.D. # Agency													
										<b>THOMAS, MICAH</b> 2094 WPBPD													
										Name Verification (Printed by Arrestee)													
										(PRINT)													
										SCANNED													
										APR 06 2020													
NOTICE	Intake Deposit I.D. # Pouch #										Witness here if subject signed with												
TO APPEAR																							
ADMIN																							
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# WEST PALM BEACH POLICE DEPARTMENT

Case No:

20200006002

Date of Statement	Month: April	Day: 5th	Year: 2020	Time: 1830
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Offense:

Date of Offense:	Month: April	Day: 05	Year: 2020	Time: 1901	Suspect (last, first, middle): Cooper, Barbara F.
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Location of Offence 275 Palm Beach Lakes Blvd.					District:
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Person Code:	Name (last, first, middle): Meier, Amber	Age:	DOB: 12/19/87	Race: W	Sex: F
	Address Res.: 1657 Brandwina Rd Apt 711 S	Zip: 33409	Phone: 561 676 4195		
	Address Bus.:	Zip:	Phone:		

Type of ID shown DL AR	ID# If applicable: 918354811
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I, Amber Meier, do hereby voluntarily make the following statement without threat, coercion, offer of benefit, or favor by any persons whomsoever.

I stopped at the Texaco to get gas. And I watched a woman throw a bottle out the window, then try and pull forward almost running into the dumpster. I walked over to let her know she was dragging her front fender on the car. She said her husband was inside the store and I walked back to my car to pump gas. I watched her move from being parked in front of the dumpster to the second parking spot in front of the store. She almost jumped the safety bump and called 911 in fear. She was gonna hurt herself or someone else.

Sworn to and subscribed before me this 05 day of April, 2020

Notary Public:  Law Enforcement Officer:  Name Key

Personally Known:  Produced Identification:  Type:

My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Departmental policy prohibits use of this section in domestic violence cases.)

I swear/affirm the above and/or attached statements are correct and true.

Signature: Amber Meier

Victim's Rights Booklet provided? Yes  No

I will testify in court and prosecute criminally. Initials: AM

Miranda Warning Read? Yes  No

Page \_\_\_\_\_ of \_\_\_\_\_

# DUI PROBABLE CAUSE AFFIDAVIT

On the 05 Day of April at 1832 hours A.M. P.M.  
Subject: Cooper, Barbara E. Case Number: 20200006002  
Agency: West Palm Beach Police Department Arresting Officer: M. Thomas 2094

## Personal Contact

Driving Pattern	Actual physical control (physical evidence putting the driver behind the wheel)
<p>Driver/sole occupant was originally observed in the parking lot at 2175 Palm Beach Lakes Blvd (Texaco) in a Brown 2016 Honda Accord bearing FL Tag: LWPT82. During this time, Driver threw an empty wine bottle into the garbage before entering vehicle. When driving, Driver almost crashed into the dumpster. After correcting positioning, Driver almost jumped the parking block in front of the store. It was at this time, Compl. was concerned enforce for the safety of Driver, Public, and Property that Compl. notified the City of West Palm Beach Police Department.</p> <p>I located Honda in the area of Village Blvd./Community Drive. Driver then traveled a short distance before making a U-Turn in front of the community Driver lives in. I followed Driver in my fully marked patrol vehicle in order to obtain a driving pattern. Prior to making it to Community Drive, Driver crossed the southbound center intermittent lane marker with her driver's side twice. At the intersection of Community Drive and Village Blvd. Driver again began crossing over the center intermittent lane marker twice, this time there were vehicle in the front and on the side of Driver's vehicle. Realizing the Driver to be experiencing vehicle malfunction(s), sick, or impaired; I conducted a traffic stop. Driver came to a complete stop at the northern entrance of the Village Commons Shopping Center.</p> <p>Also see Witness Sworn Victim/Witness Affidavit attached to this case file.</p>	

Observation of Driver	<p>Driver appeared intoxicated. The moderate odor of alcoholic beverage(s) emanated moderately from Driver's head and mouth area. Outside of the vehicle, the odor of alcoholic beverage(s) became more intense and unmistakable. Driver had lack of dexterity in fingers. Driver's eyes exhibited reddened conjunctiva. Driver speech was slow, slurred, and mumbled. Driver had difficulty maintaining a center balance as Driver staggered at times. Driver cried at times. Driver also appeared overwhelmingly tired. Vomit was observed on the Driver's door and left shoulder area.</p>
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Drivers Statements:	<p>Driver advised she was hearing impaired, however, Driver advised she understood when providing direction. Driver advised she had a condition in which all her organs are failing. Driver advised she had lupus.</p>
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Odors:	<p>The moderate odor of alcoholic beverage(s) emanated moderately from Driver's head and mouth area. Outside of the vehicle, the odor of alcoholic beverage(s) became more intense and unmistakable.</p>
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## General Observations

Speech: Slow, Slurred, & Mumbled
Attitude: Cooperative
Clothing: Multi-Colored Short Sleeve Shirt, Pink Short Pants, Black Sandals
Medical Problems/Medications: Celiac Disease, Auto-Immune Deficiency, & Diabetic (No Insulin)
Other: Conducting inventory of Driver's vehicle, a mostly full bottle of Yosemite Trail brand wine was on the front passenger seat. An unopened can of Four Loko brand malt liquor was on the front passenger seat, and a completely empty can of Four Loko brand malt liquor was observed on the front passenger floorboard.
According to the Driver and Vehicle Information Database (D.A.V.I.D) Driver has 2 previous convictions for DUI. Driver also has a 5 year revocation of her Driving privilege with knowledge received on 07/30/2019.

# DUI PROBABLE CAUSE AFFIDAVIT

Cooper, Barbara E.

Case Number: 20200006002

Subject:

## Roadside Tasks

### Horizontal Gaze Nystagmus

- Left Eye Does Not Follow Smoothly
- Left Eye Jerks at 45 Degree Angle or Less
- Distinct Jerking Left Eye at Maximum Deviation

- Right Eye Does Not Follow Smoothly
- Right Eye Jerks at 45 Degree Angle or Less
- Distinct Jerking Right Eye at Maximum Deviation

Slight

### Walk and Turn Task

During instructional phase, Driver couldn't stand as I stood. Driver had to be told once not to start task until requested. After completing example, Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task, Driver failed to make heel to toe contact, failed to count out loud, stopped to steady herself, turned improperly, and stepped off the line.

### One Leg Stand

During instructional phase, Driver started before being instructed to. After completing example Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task, Driver used left foot; placed foot on ground more than 3 times, used arms for balance, swayed, and failed to count out loud within the allotted 30 second time-frame.

### Finger To Nose

After completing example Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task, Driver was unable to touch the tip of her nose with the tip of her finger 6 out of 6 attempts. Driver had to be told numerous times to tilt head back and close eyes. The cadence requested was: Left, Right, Left, Right, Right, then Left.

### Romberg Balance

Did not conduct

## Breath Results from Instrument

1st Result

.125

2nd Result

SNL

3rd Result

If Applicable

.126

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

(DATE)



Personally Known



Produced Identification



Notary Public

Notary / Clerk of Courts / Officer (FSS: 117.10)

Signature of Arresting Officer

Page 2 of 2

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: WEST PALM BEACH PD  
Instrument Serial Number: 80-001235 Software: 8100.27  
Date of Test: 04/05/2020

Date of Last Agency Inspection: 03/31/2020

Observation Period Began: 19:04

Subject's Name: BARBARA E COOPER

DOB: 12/27/1979 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	19:32
	Air Blank	0.000	19:32
	Control Test	0.080	19:33
	Air Blank	0.000	19:33
	Subject Sample #1	0.125	19:35
	Air Blank	0.000	19:36
	Air Blank	0.000	19:37
	Subject Sample #2	SNL*	19:41
	Air Blank	0.000	19:41
	Air Blank	0.000	19:43
	Subject Sample #3	0.126	19:44
	Air Blank	0.000	19:45
	Control Test	0.080	19:45
	Air Blank	0.000	19:46
	Diagnostics Check	OK	19:46

\*Slope Not Level (0.111 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 24818080A2  
Exp: 10/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who () is personally known to me or () produced MJIA as identification, and who after being placed under oath, states:

I MICAH L THOMAS, 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: 2094 Date: 04/05/2020  
Signature

Sworn to (or affirmed) before me this 05 day of April, 2020

2094 Gesner Michael 2094  
Signature of Notary Public-State of Florida 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.

DEFENDANT: Cooper, Barbara E.

CASE NUMBER: 20200006002

## 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 OPERATION 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 FROM? \_\_\_\_\_

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(3) HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGHT? \_\_\_\_\_

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 YOUR 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? \_\_\_\_\_

WHEN? \_\_\_\_\_

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 CORRECTABLE 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: \_\_\_\_\_

M. Thomas 2094

SUBJECT: Cooper, Barbara E.

CASE NUMBER: 20200006002

## **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.

OR

I am now requesting that you submit to a lawful test of your  BLOOD for the purpose of determining its alcohol content and/or presence of chemical or controlled substances.

### **NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am M. Thomas 2094

of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: \_\_\_\_\_ Read/Consented @ 1924 hours

## **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 can not 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.

SUBJECTS SIGNATURE: \_\_\_\_\_ Invoked Rights

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"/>		
Other	<input type="checkbox"/>		
	<input type="checkbox"/>	Other:	
	<input type="checkbox"/>	Other:	

REVIEW COMPLETED BY

Booking Number: 2020009996

Date: 04/06/2020

Specialist Name/ID: AM/31562

