

0506634

ARREST / NOTICE TO APPEAR

2704

OBTS Number	Agency Name			1. Arrest	3. Request for Warrant	1	JUVENILE
Agency ORI Number	Agency Report Number (N.T.A.'s only)			2. N.T.A.	4. Request for Capias		
0501700	Jupiter Police Department			5	4	19-001540	
Charge Type:	Location of Offense (Business Name, Address)			If Weapon Seized		Multiple Clearance Indicator	
Check as many as apply:	LOX RIVER RD/CENTER ST, JUPITER 33458			Enter Type NONE		01	
<input type="checkbox"/> 1. Felony	1499 CENTER ST/LOXAHATCHEE RIVER RD, JUPITER, FL						
<input type="checkbox"/> 2. Traffic Felony	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
<input type="checkbox"/> 3. Misdemeanor	03/30/2019	22:25	03/30/2019	22:35			NORTH COUNTY TOWING
<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	Alias (Name, DOB, Soc. Sec. #, Etc.)						
<input type="checkbox"/> 5. Ordinance	Name (Last, First, Middle)						
<input type="checkbox"/> 6. Other	BOWSER, BRANDIE ERIN						
Race		Sex	Date of Birth	Height	Weight	Eye Color	Hair Color
W - White		F	05/26/1992	5'02	150	BROWN	BLACK
B - Black							
O - Oriental/Asian							
Complexion		Build		Marital Status		Religion	
LIGHT		Medium		S			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							
Local Address (Street, Apt. Number)				City		State	
5707 NW NORTH MACEDO BLVD, PORT SAINT LUCIE, FL 34983				FL		34983	
Permanent Address (Street, Apt. Number)				City		State	
5707 NW NORTH MACEDO BLVD, PORT SAINT LUCIE, FL 34983				FL		34983	
Business Address (Name, Street)				City		State	
D/L Number, State		Sec. Sec. Number		INS Number		Place of Birth (City, State)	
B260065926860 / FL						FAIRFAX, VA	
Citizenship		US					
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)							
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							
<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	
Business Phone							
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION	
						1. Handled/Processed within Department and Released	
Released To: (Name)				Relationship	Date	Time	2. TOT JAC
							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			
Property Crime?				Description of Property		Value of Property	
<input type="checkbox"/> Yes, by: _____				<input checked="" type="checkbox"/> No			
Drug Activity		S. Sell		R. Sewegle		K. Dispense/Distribute	
N. N/A		B. Buy		D. Deliver		M. Manufacture/Produce/Cultivate	
P. Possess		T. Traffic		E. Use		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 Description							
DUI - DRIVING WHILE UNDER INFLUENCE							
Statute Violation Number				316.193(1)			
Violation of ORD #							
Bond							
OK							
Charge Description							
Statute Violation Number							
Violation of ORD #							
Bond							
Charge Description							
Statute Violation Number							
Violation of ORD #							
Bond							
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"/> Deformities <input type="checkbox"/> Injuries							
Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail							
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				Location (Court, Room)			
				North County PALM BEACH GARD			
but must comply with instructions on Page 2.				Court Date and Time			
				05/01/2019 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			
				3/31/19			
HOLD for Other Agency							
Signature of Arresting Officer							
Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other							
Name of Arresting Officer (Print)				I.D. #		(PRINT)	
BORROWS, ANDREW				1138			
Transporting Officer				I.D. #		Agency	
OFC A BORROWS				380		JPD	
Witness here if subject signed with an "X".							
PAGE 1 OF 1							

SCANNED APR 02 2019

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTIS Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-001540	
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:	

D E F E N D A N T	Name (Last, First, Middle) BOWSER, BRANDIE ERIN			Alias	Race W	Sex F	Date of Birth 05/26/1992
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C H A R G E S	Charge Description DUI 316.193(1)	Charge Description
	Charge Description	Charge Description

V I C T I M	Victim's Name (Last, First, Middle) State Of Florida			Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone	Address Source		
	Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation		



The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation 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 _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 30 day of March, 2019 at 22:04 (Specifically include facts constituting cause for arrest.)

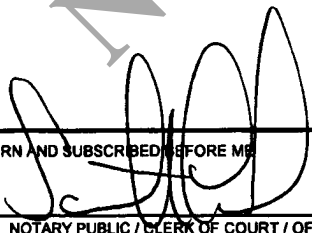


On the above date at approximately 2204 hours I was on routine patrol in the area of Center Street and West Indiantown Road in the Town of Jupiter, Palm Beach County, Florida.

I noticed a vehicle that appeared to be swerving in its lane in front of me. The vehicle, a brown 2018 Honda bearing Florida license plate KUKZ07, stopped in the right hand left turn lane from westbound West Indiantown Road to turn onto Center Street. I ran a routine check of the license plate. The return indicated the owner of the vehicle, Brandie Bowser had a suspended license. The return indicated that Bowser's license had an active non-judgment suspension as of 2/4/2019. I followed the vehicle as it travelled onto Center Street. The vehicle had some difficulty maintaining its lane position as the two lanes merged to one and appeared to nearly run off the roadway. The vehicle turned left onto Loxahatchee River Road and cut the corner, driving partially over the double yellow lines separating the lanes of travel.

I initiated a traffic stop of the vehicle and made contact with Bowser, immediately asking if her name was Brandie, so as to identify her as the person with the suspended license. I noticed Bowser had glassy eyes and I could smell the odor of an unknown alcoholic beverage on her breath. Bowser had difficulty multi-tasking and seemed unable to answer questions while doing anything else. I noticed that Bowser's speech was slurred also. I asked Bowser how much she'd had to drink. Bowser stated she'd had a "couple" of beers. Upon the arrival of Officer McGillicuddy, who was acting as my backup, I moved my vehicle to a nearby location in order to conduct field sobriety exercises. I had Bowser walk to the front of my vehicle. As we walked I noticed Bowser appeared to have urinated herself. Bowser's belt was also unbuckled.

Please see my forthcoming roadside affidavit for specifics of roadides. For booking purposes, I observed all six clues of HGN (I am a certified Drug Recognition Expert) and

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	 NOTARY PUBLIC / CLERK OF COURT OFFICER S.S. Samantha Palmer My Commission GG 233762 Expires 10/28/2022 DATE <u>03/31/2019</u>		 BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT) DATE <u>03/31/2019</u>	

OBTS Number Agency ORI Number FL 0501700	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE	
Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 19-001540				
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Special Notes:		
Name (Last, First, Middle) BOWSER, BRANDIE ERIN			Race W	Sex F	
Date of Birth 05/26/1992					
<p>multiple standardized clues on Walk and Turn and One Leg Stand.</p> <p>I then placed Bowser under arrest for DUI and advised her. I placed Bowser in handcuffs which I checked for spacing and double locked. I placed Bowser in the rear of my police car and transported her to the Jupiter Police Department so she could go to the bathroom. I then transported Bowser to the Palm Beach County Breath Alcohol Testing Facility. Bowser was talkative during most of the driver. Upon arrival, I conducted a 20 minute observation of Bowser. I then requested that Bowser provide a sample of her breath. She agreed. Bowser provided samples of .122 and .125. I then advised Bowser of her Miranda Rights from a prepared text. Bowser stated she understood and answered most of the interview questions.</p> <p>I then secured Bowser in a holding cell and completed my paperwork. I subsequently booked Bowser into the Palm Beach County Jail where I charged her with DUI per FSS 316.193(1).</p>					
PROBABLE CAUSE STATEMENT	NOT A CERTIFIED COPY				
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER 03/31/2019 DATE		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT) 03/31/2019 DATE		
				PAGE 2 OF 2	

TESTING FACILITY TASK REPORT

AGENCY: JPD/BORROWS

SUBJECT: BOWSER, BRANDIE

CASE NUMBER: 19054085

DATE: Mar 30, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2336

ENDING TIME: 2351

BREATH TESTS RESULTS: 1) .122 TIME 2339 A.M. P.M. 2) .125 TIME 2342 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: BLACK SHIRT, SOILED BLUE JEANS, RED SHOES

MEDICAL CONDITIONS: ANXIETY

MEDICATIONS: PAXEL

OTHER:

EYES GLASSY, ODOR OF UNKNWON ALCOHOLIC BEVERAGE COMING FROM BREATH, SUBJECT ADMITTED TO DRINKING TWO BEERS AND ONE MIX DRINK (Q&A)

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2315
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
TECH READ TEST RESULTS
SUBJECT STATED HE UNDERSTOOD RESULTS
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED QUESTIONS

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APR 02 2019

WITNESS LIST

CASE NUMBER: 19-001540

ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME): _____ (WORK) 561 746 6201

CAN TESTIFY TO: PC

NAME: Officer Steven McGillicuddy 388

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) _____ (WORK) 561 746 6201

CAN TESTIFY TO: Scene, tow of vehicle

NAME: Officer Elizabeth Ralieggh 308

ADDRESS 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) _____ (WORK) 561 746 6201

CAN TESTIFY TO: Search of suspect

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

APR 02 2019

SUBJECT: _____ CASE NUMBER: 14-01140

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? 3 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? No

WERE YOU IN AN ACCIDENT TODAY? No

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:

SCANNED
APR 02 2019

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 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.

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APR 02 2019

SUSPECT'S SIGNATURE: (X) _____

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: 80-006478 Software: 8100.27
Date of Test: 03/30/2019

Date of Last Agency Inspection: 03/15/2019

Observation Period Began: 23:15

Subject's Name: BRANDIE E BOWSER

DOB: 05/26/1992 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	23:38
	Air Blank	0.000	23:38
	Control Test	0.080	23:38
	Air Blank	0.000	23:39
	Subject Sample #1	0.122	23:39
	Air Blank	0.000	23:40
	Air Blank	0.000	23:42
	Subject Sample #2	0.125	23:42
	Air Blank	0.000	23:43
	Control Test	0.080	23:43
	Air Blank	0.000	23:44
	Diagnostics Check	OK	23:44

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 SAMANTHA M PALMER 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: _____ Date: 3/30/19
Signature

Sworn to (or affirmed) before me this 30 day of MARCH, 2019
Op A-B ~ OFC. BORROWS #380
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.



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"/>	119.071(2)(h)	Other: Identity of victim of sexual battery, lewd and lascivious offense upon a person less than 16 yrs old, child abuse, or other sexual offense.	
	<input type="checkbox"/>	948.064 (1) f.s.	Other: Notification of status as a violent felony offender of special concerns.	

REVIEW COMPLETED BY

Booking Number: 2019010711	Date: 3/31/2019
	Specialist Name/ID: M. Tooks #8557

SCANNED
APR 02 2019