19CT19223ANB

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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 (N.T.A.'s only)
FLO 502600	PALM BEACH GARDENS POLICE DEPARTMENT	78- 19006082

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

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
5651 BLK HOOD RD. PALM BEACH GARDENS, FL 33418	5651 BLK HOOD RD. PALM BEACH GARDENS, FL 33418

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY
10/16/2019	22:30					4301 East Avenue, West Palm Beach, FL 33405

DEFENDANT

Name (Last, First, Middle): SMITH, BRIAN, SCOTT

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

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/07/1960	5-11	190	haz	GRAY	Lgt	MD

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): None

Marital Status: Married | Religion: CATHOLIC

Indication of: Alcohol Influence ☑ Y ☐ N ☐ Unk. | Drug Influence ☐ Y ☑ N ☐ Unk.

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
13160 CYPRESS GLN	PALM BEACH GARDENS	FL	33418	(561) 386-6768	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
13160 CYPRESS GLN	PALM BEACH GARDENS	FL	33418	(561) 386-6768	FL DL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	[redacted] Banker

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S-530-077-60-007-0 FL	[redacted]		Moresvilles, VT	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 ☐ 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 provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) 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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI-DAMAGE TO PERSON/PROPERTY	1	☐Y ☒N	316.193(3)(c)(1)	

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

CHARGE

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

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

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

CHARGE

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): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month November Day 20 Year 2019 Time 10:00 AM ☒ PM ☐

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: 10/16/2019

ADMIN

HOLD for other Agency Name

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: x [signature] 502

Name of Arresting Officer (Print): Romero I.D. #: 502

Transporting Officer: Romero ID #: 502 Agency: PBGPD

Name Verification (Printed by Arrestee) (PRINT)

OCT 17 AM 1:32

Witness here if subject signed with an -X-

1 PAGE 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

05117811

45

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF October 20 19, AT 2032 AM ✔ PM

SUBJECT: SMITH, BRIAN, SCOTT CASE NUMBER: 19006082

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Romero 502

PERSONAL CONTACT

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

On Wednesday, October 16, 2019 at 21:45hrs, I, Officer Romero, was dispatched to 5651 Hood Rd, in the City of Palm Beach Gardens in Palm Beach County, Florida, to assist in a motor vehicle crash. Please see Officer Butzbach #507 crash report. Upon my arrival, I observed a white male, later identified via his FL DL as Brian Scott Smith, exiting from the driver's side door of a silver Jaguar, and walking toward the median of the road. Smith was the sole occupant of the silver Jaguar bearing FL tag IVKE66.

Since Smith was involved in an accident, Fire Rescue responded and subsequently Smith was transported to the Jupiter Medical Center ER for medical clearance.

A traffic investigation was conducted, and both drivers were provided with the driver's exchange form.

OBSERVATION OF DRIVER:

I noticed that Smith eyes were bloodshot and watery. I detected the strong odor of an unknown alcoholic beverage coming from Smith's breath as he spoke. I also noticed the sclera of his eyes to be reddened, his face to be flushed, and his speech to be thick, slow and slurred.

DRIVER'S STATEMENTS:

Based on the totality of the circumstances observed, I requested Smith to perform several field sobriety exercises. Smith declined. Smith stated that he wants to go home with his wife. I informed Smith of his Taylor warnings, and he verbally responded that he was not willing to complete the SFST's. I explained to Smith that because he was not willing to submit to SFST's, I will have to decide on my investigation base on what I have seen so far. I allowed Smith to get dressed, and I asked him a third time. Smith stated that he was not willing to participate.

ODORS:

Strong odor of the additives of an unknown alcoholic beverage emitting from his breath from a conversational distance.

GENERAL OBSERVATIONS

SPEECH: **Slow, thick, slurred**

ATTITUDE: **Cooperative, calm quict**

CLOTHING: **Black pants, blue shirt, dark shoes**

MEDICAL/OTHER: **Smith stated he did not have any ailments that would prohibit him from being able to operate a vehicle or perform daily tasks.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) 502

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of October 20 19 by **Romero**

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

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

SUBJECT: SMITH, BRIAN, SCOTT CASE NUMBER 19006082

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:

Refused SFST's.

WALK & TURN:

Refused SFST's.

ONE LEG STAND:

Refused SFST's.

ROMBERG ALPHABET:

Refused SFST's.

FINGER TO NOSE:

Refused SFST's.

BREATH TEST RESULTS: 1) 2) 3) 4)

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 16 day of October 20 19 by Romero

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

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

TESTING FACILITY TASK REPORT

AGENCY: PBGPD

SUBJECT: SMITH, BRIAN S CASE NUMBER: 19-126999

DATE: 10/16/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 23:32 ENDING TIME: 23:43

BREATH TESTS RESULTS: 1) R TIME 23:34 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: P. POUND # 24639

MAINTENANCE TECHNICIAN: J. KARLICK # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW

ATTITUDE: CALM, QUIET

CLOTHING: BLACK PANTS, BLUE SHIRT, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: MUCINEX, ALBUTEROL

OTHER: EYES

COMMENTS: ARRIVES AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:11 HRS.

A. REFUSED TO TAKE TEST.

A/O. READ I/C

A. STATED HE UNDERSTOOD I/C AND WOULD REFUSE TEST AGAIN.

A/O. READ RIGHTS

A. STATES HE UNDERSTOOD RIGHTS.

A/O. CONDUCTED Q+A

A. ANSWERS QUESTIONS

REFUSED

REFUSED

SCANNED

OCT 17 2019

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

PBSO #0129A REV.11/02

SUBJECT: SMITH, BRIAN S 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) READ 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.

SCANNED
OCT 17 2019

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

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

PBSO #0129B REV. 06/11

SUBJECT: SMITH, BRIAN S 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? YES

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? [illegible]

DIRECTION OF TRAVEL? W WHERE DID YOU START? [illegible]

WHAT TIME DID YOU START? [illegible] WHAT TIME IS IT NOW? [illegible]

WHAT IS TODAY'S DATE? 10-1-19 WHAT DAY OF THE WEEK IS IT? [illegible]

WHAT COUNTY AND CITY ARE YOU IN NOW? [illegible]

WHEN DID YOU LAST EAT? [illegible] WHAT DID YOU EAT? [illegible]

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? [illegible]

HOW MUCH DO YOU WEIGH? 205 HAVE YOU BEEN DRINKING? NO WHAT? N/A

HOW MUCH? N/A WHERE? N/A WITH WHOM? N/A

WHEN DID YOU HAVE YOUR FIRST DRINK? N/A AND YOUR LAST DRINK? N/A

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? N/A

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N/A HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? [illegible] WHEN DID YOU LAST WORK? 10-1-19

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? YES

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? N/A WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	NO
GLASS EYE?	NO
FALSE TEETH?	NO
EAR INFECTION?	NO
INNER EAR TROUBLE?	NO
DIABETES?	NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? YES WHERE? [illegible]

INTERVIEWER: _____

WITNESS LIST

CASE NUMBER: 19006082

ARRESTING OFFICER: Romero
ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410
PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445
CAN TESTIFY TO: Investigation/Arrest

NAME: Ofc Butzbach ID 507
ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410
PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445
CAN TESTIFY TO: Investigation/Arrest

NAME:
ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410
PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445
CAN TESTIFY TO: Investigation/Arrest

NAME:
ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410
PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445
CAN TESTIFY TO: Investigation/Arrest

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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

PBSO CASE # 19-126999 PBSO ZONE 3-13

AGENCY CASE # 19006082 CRASH CASE #

TIME OF STOP/CRASH 2032 DATE 10/16/2019 DAY WEDNESDAY

SUBJECT'S NAME SMITH (LAST) BRIAN (FIRST) SCOTT (MID) RACE W SEX M

HGT 5-11 WGT 190 DOB 01/07/1960

LOCATION 5651 BLK HOOD RD. PALM BEACH GARDENS, FL 33418

ARRESTING OFFICER'S NAME & ID Romero 502 AGENCY PBGPD

DIVISION: ROAD

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 23:11

ARREST TIME 22:30

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

19000082

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, **Romero** , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of **Palm Beach Gardens Police Department** , and I do swear
(Name of law enforcement agency)

or affirm that on or about the **16th** day of **October** , 20 **19** , at **22:30** ☑ P.M ☐ A.M.

DRIVER **BRIAN** **SCOTT** **SMITH** ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **S-530-077-60-007-0** , state of **FL** , was placed under lawful arrest for

the offense of **DUI-DAMAGE TO PERSON/PROPERTY** by **Romero** and
(Name of Arresting Officer)

issued Citation # A56H45E .

That on or about the **16th** day of **October** , 20 **19** , at **23:34** ☑ P.M ☐ A.M.

in **PALM BEACH** County,

I requested that the driver submit to a ✕ **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) 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 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 for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **16** day of **October** , 20 **19** , by **Romero** , who is personally known to me or who has produced **Personally Known** 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.

HSMV-BAR1001 (REV. 10/2016)

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	☐	539.003	Other: Florida Pawnbroking Act	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019033762	**Date:** 10/17/2019
	Specialist Name/ID: VARGO/6665