

0504658

19mm771 P-3420

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

A D M I N I S T R A T I O N	OBTS Number		Agency ORJ Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 / 4 / 19-000142		1		JUVENILE										
	Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator 1										
	Location of Arrest (Including Name of Business) 425 S ATLANTIC DR, LANTANA FL 33462						Location of Offense (Business Name, Address) 425 S ATLANTIC DR, LANTANA, FL 33462														
	Date of Arrest 01/18/2019		Time of Arrest 12:29		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle								
	Name (Last, First, Middle) TITCOMB, BROOKS PH																				
	Alias:																				
	Race W - White B - Black		Sex M		Date of Birth 01/20/1951		Height 6'00		Weight 180		Eye Color BLUE		Hair Color BLACK		Complexion LIGHT		Build Large				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTL SHOULDER / BRITISH ROYAL SEAL; TATT R SHOULDER / 2						Marital Status M		Religion NOT REL.		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>								
	Local Address (Street, Apt. Number) 425 S ATLANTIC DR, LANTANA, FL 33462						Phone (203) 206-2520		Residence Type 1. City 2. County 3. Florida 4. Out of State 1		Address Source DEFENDANT		Occupation Manager								
	Permanent Address (Street, Apt. Number) 425 S ATLANTIC DR, LANTANA, FL 33462		Phone (203) 206-2520		Business Address (Name, Street) WOODBURY PEWTER,		Phone (203) 206-5150		D/I Number, State CT		Spec. Sec. Number		INS Number		Place of Birth (City, State) BRIDGEPORT, CT, US		Citizenship US				
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					
<input type="checkbox"/> Parent <input type="checkbox"/> 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		VICTIM NOTIFICATION REQUIRED			
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/Abandoned		Grade		VICTIM NOTIFICATION REQUIRED					
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:												Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property N/A		Value of Property					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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 Description BATTERY - SIMPLE TOUCH / STRIKE												Statute Violation Number 784.03 1M		Violation of ORD # None							
Drug Activity		Drug Type		Amount / Unit		Offense # 19-000142		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		VICTIM NOTIFICATION REQUIRED SHARON BEACH COUNTY 2019 JAN 19 AM 5:22							
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		VICTIM NOTIFICATION REQUIRED SHARON BEACH COUNTY 2019 JAN 19 AM 5:22							
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		VICTIM NOTIFICATION REQUIRED SHARON BEACH COUNTY 2019 JAN 19 AM 5:22							
Health / Apparent Physical Condition of Defendant												Any knowledge of the following		<input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
Check which applies: <input checked="" 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)		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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed							
HOLD for Other Agency												Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) VALLIS GARRETT L.		I.D. # 878		Agency 578 LPD		WITNESS here if subject signed with an "X". SCANNED JAN 19 2019											

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 01/18/2019 12:29	Agency Report Number 6 4 19-000142
	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT

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following:

Jeffrey stated that he was out by the pool area of his mother's home when he heard yelling in the kitchen area. Jeffrey ran into the house and made contact with his mother, W/F witness- Carol M Titcomb (01/14/1932) and his brother offender- W/M Brooks PH Titcomb (01/20/1951). Jeffrey advised that Brooks was in Carol's "face" yelling at her. Jeffrey advised he approached Brooks, and told him "not to talk to" Carol like that. Jeffrey advised that Brooks told him to "mind his own fucking business", Brooks lifted his arm, and used his open palm to strike Jeffrey on the left side of his neck two different times. Jeffrey advised that these strikes resulted in Jeffrey falling back into a kitchen awning which was located above the stove. Jeffrey advised that he did not sustain injuries and denied medical treatment on scene. Jeffrey stated that after the altercation he called the police via 911. Jeffrey would later fill out a sworn statement, waive his victim's notification form, and filled out a domestic violence diagram.

I then met with Brooks who advised me of the following:

Brooks stated that he asked his wife where the salad tongs were in the kitchen. Brooks stated that his mother, Carol, tried to tell him where the tongs were, however Brooks advised that "she did not know where the tongs were because Carol's husband moved the tongs and she is losing her memory". Brooks stated that he told Carol "You don't know where the tongs are". Brooks advised he told Carol to "shut the fuck up", Brooks advised he "dropped the F Bomb" several times during the conversation. Brooks then told me that his brother Jeffrey came into the kitchen and walked toward him in an aggressive manner. Brooks stated that he felt threatened and used his open palm to shove Jeffrey away from him. Brooks advised he did not hurt Jeffrey and that he "did not fall". Brooks advised he had no knowledge the police were called.

I then met with witness W/F Carol, who advised me of the following:

Carol advised that her son, Brooks was in the kitchen and asked his wife where the salad tongs were. Carol stated that she told Brooks "they are in the drawl over there". Carol stated that after she told Brooks where the tongs were, Brooks got into Carol's face, then started to curse and yell at her. Carol advised that Brooks consistently has a "bad temper" and regularly gets upset. Carol advised that Brooks has a lot going on in his life and his "bad behavior" has escalated. Carol advised that Jeffrey came to "stand up" for her when Brooks began yelling. Carol advised Brooks shoved Jeffrey in the chest area, and Jeffrey fell back into the "kitchen stove". Carol did not wish to fill out a sworn statement as to her involvement.

Do to both Jeffrey's and Carol's statements on scene, I have developed probable cause to charge Brooks, with one count of domestic battery. I arrested Brooks, placed him in handcuff's and placed him in the rear of my marked patrol car. All his property was turned over to his family on scene before being transported to the Lantana Police Station for processing.

Brooks was later transported and lodged in the PBSO CJ on the above aforementioned charges.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, G.V. #028 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 18th day of January, 2019

D/S Welch 6015
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
JAN 19 2019

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/18/2019 12:29		Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 19-000142																																																																																																																																								
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	Victim's Name (Last, First, Middle) TITCOMB, JEFFREY S		Race W		Sex M		Date of Birth 03/24/1960																																																																																																																																								
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 3912 N HALL ST, APT #206, DALLAS, TX 75219				Phone (254) 221-2802		Address Source																																																																																																																																								
	Business Address (Name, Street) (City) (State) (Zip) NONE				Phone		Occupation DISABLED/ UNEM																																																																																																																																								
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM, MINOR INJURIES						VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral																																																																																																																																							
RELATIONSHIP BETWEEN VICTIM & SUSPECT BROTHERS																																																																																																																																															
<table style="width:100%; border:none;"> <tr> <td style="width:20%;">PHOTOGRAPHS:</td> <td style="width:10%;">Scene:</td> <td style="width:10%;"><input type="checkbox"/> YES</td> <td style="width:10%;"><input checked="" type="checkbox"/> NO</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td>Victim:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER:</td> <td colspan="4">JEFFREY TITCOMB</td> </tr> <tr> <td></td> <td>WEAPON USED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TYPE:</td> <td colspan="4">HAND/FEET/FISTS</td> </tr> <tr> <td></td> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>(If YES, attach witness list)</td> <td colspan="4"></td> </tr> <tr> <td></td> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> <tr> <td></td> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> <tr> <td></td> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PARAMEDICS:</td> <td colspan="4"></td> </tr> <tr> <td></td> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL:</td> <td colspan="4"></td> </tr> <tr> <td></td> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NAMES/AGES:</td> <td colspan="4"></td> </tr> <tr> <td></td> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> <tr> <td></td> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> <tr> <td></td> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #:</td> <td colspan="4"></td> </tr> <tr> <td></td> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> <tr> <td></td> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="4"></td> </tr> </table>									PHOTOGRAPHS:	Scene:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO							Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:	JEFFREY TITCOMB					WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE:	HAND/FEET/FISTS					WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)						INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>							MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:						Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:						ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:						H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:						PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>							ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
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N A R R	On January 18th, 2019 at approximately 1156 hours I was dispatched to 425 S Atlantic Dr, Lantana in reference to domestic disturbance call.																																																																																																																																														
	Upon arrival I made contact with W/M caller/ victim- Jeffrey S Titcomb (03/24/1960). Jeffrey advised me of the																																																																																																																																														
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, <u>G. V. #878</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><u>[Signature]</u> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>18th</u> day of <u>January</u>, <u>2019</u></p> <p><u>D/S. Welfer 6015</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																																																																																																																															

SCANNED
JAN 19 2019

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence – (This includes any assault, agg. Assault, battery, agg. Battery, sexual assault, sexual battery, stalking, agg. Stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 19-000142 Agency: Lantana
 Offense: Domestic Battery
 Suspect/Offender: Brooks Pil, Titcomb
 D.O.B. 01/20/51 Race: W Sex: M

2. Warranty #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Jeffrey S Titcomb
 Address: 3912 N Hall St, Apt #206
 City: Dallas State: TX Zip: _____
 Home #: 254-231-2802 Work #: _____ Other#: _____

b. Victim's next of kin: Carol M Titcomb
 Address: 425 S Atlantic Dr
 City: Lantana State: FL Zip: _____
 Home #: _____ Work #: _____ Other#: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other#: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: [Signature]
 Printed name of person waiving notification: xx Jeffrey S. Titcomb
 Officer's Name: Det. G. Vallis I.D.: 578 Date: 01/18/19

SCANNED
JAN 19 2019

SUSPECT/OFFENDER: Brooks, Pil Titcomb

COURT CASE/WARRANT #:
(FOR WARRANT USE ONLY)



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

REVIEW COMPLETED BY

Booking Number: 2019002156	Date: 01/19/2019
	Specialist Name/ID: AM/31562

SCANNED
JAN 19 2019