

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9, 4 2018-0020185</b>
Charge Type: Check as many <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. Offense <input type="checkbox"/> 6. Other	If Weapon Seized		Multiple Charges Indicated
Location of Arrest (Including Name of Business) <b>NORTHLAKE BLVD/MIBIS BLVD WPB 33417</b>			Location of Offense (Business Name, Address) <b>10499 NORTHLAKE BLVD/MIBIS BLVD, WEST PALM BEACH, FL</b>		
Date of Arrest <b>12/05/2018</b>	Time of Arrest <b>15:48</b>	Booking Date <b>12/05/2018</b>	Booking Time <b>16:30</b>	Jail Date	Jail Time
					Location of Vehicle <b>KAUFFS TRANSPORTATIO</b>

Name (Last, First, Middle) <b>CUNNIFF, CASEY</b>		Alias:			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>05/16/1962</b>	Height <b>6'00</b>	Weight <b>170</b>	Eye Color <b>Blue</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Medical Status <b>M</b>	Religion <b>N/A</b>	Hair Color <b>GRAY OR</b>	Complexion <b>MEDIUM</b>
Local Address (Street, Apt. Number) <b>8421 EGRET LAKES LN, WEST PALM BEACH, FL 33412</b>		Phone <b>(561) 758-5383</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>		
Permanent Address (Street, Apt. Number) <b>8421 EGRET LAKES LN, WEST PALM BEACH, FL 33412</b>		Phone <b>(561) 758-5383</b>	Address Source <b>FLDL</b>		
Business Address (Name, Street) <b>Insurance Agnt</b>		Occupation <b>Insurance Agnt</b>			
DL Number, State <b>C510100621760 / FL</b>		DHS Number		Place of Birth (City, State) <b>BOSTON, MA, 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

<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. Handed/Processed within Department and Released 2. TOT JAC 3. Institutional	
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.		School Attended	Grade	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property	

Drug Activity N. N/A P. Potassium	S. Sell B. Buy T. Traffic	R. Stung 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/Oxyc.	F. Phenylethylamine/ 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)(1)</b>		Violation of ORD # <b>PA</b>
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>I</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number

Charge Description <b>DUI ALCOHOL OR DRUGS 2ND OFF</b>				Statute Violation Number <b>316.193(2A)(1)</b>		Violation of ORD # <b>PA</b>
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>I</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number

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 / Capias Number

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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By
Transported By		Date Transported <b>11:11</b>	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>
		Count Date and Time <b>01/10/2019 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian) <b>Casey Cuniff</b>		Date Signed <b>12/5/18</b>

HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Subsidial	Signature of Arresting Officer <b>DILLARD, DANIEL</b>	Name Verification (Printed by Arrestee) <b>DILLARD, DANIEL</b>
Incident Report # <b>1843</b>	Name of Arresting Officer (Print) <b>DILLARD, DANIEL</b>	(PRINT)
Agency # <b>1843</b>	LD. # <b>01843</b>	Agency <b>WPBPD</b>
Witness here if subject signed with an "X"	PAGE 1 of 1	

J# 0305862

2018CT021672

PA# 593

# DUI PROBABLE CAUSE AFFIDAVIT

On the 5th Day of December, 2018 at 1413 HRS A.M. P.M.  
Subject: Cunniff, Casey Case Number: 2018-0020185  
Agency: West Palm Beach Police Department Arresting Officer: Inv. D. Dillard #1843

## Personal Contact

<b>Driving Pattern</b>	Actual physical control (physical evidence putting the driver behind the wheel)
<p>I responded to a 2 vehicle collision involving a possible impaired driver. Upon arrival I observed a beige Toyota in the intersection of Northlake Blvd. and Ibis Blvd. facing West. The Toyota had front end damage. I observed a white Audi in the southbound lane of Ibis Blvd. just south of the intersection with damage to the right rear. I made contact with Emily Loayza who was operating the Toyota. Loayza stated she was traveling East on Northlake Blvd. in the inside lane approaching Ibis Boulevard. Loayza stated as she entered the intersection the Audi turned left in front of her. Loayza stated she hit the brakes but there was not enough distance to avoid the collision. Loayza stated her light was solid green. I made contact with Jeanette Brown who witnessed the collision. Brown stated she was traveling North on Ibis Blvd. and stopped in the right turn lane to proceed East on Northlake Boulevard. Brown stated her light was solid red and she observed the Audi facing West but stopped in the intersection to make a left turn. Brown stated as the Toyota that was traveling East entered the intersection the Audi turned left in front of it causing the Toyota to hit the right side of the Audi. Brown stated she checked on the driver of the Audi but the window was up and he did not say anything he just stared at her. Brown stated when she was talking to Ibis security she observed the driver get out of the car and stumble. Brown stated the driver appeared to be disoriented or intoxicated. The driver who was the sole occupant of the vehicle was identified as Casey Cunniff by FL DL.</p>	

<b>Observation of Driver</b>
<p>Upon making contact with the driver he was sitting in the driver seat of the vehicle. I could smell a strong and distinct odor of an unknown alcoholic beverage emitting from his person. The odor became stronger off of his breath as he spoke to me. The driver had a long gaze and his eyes appeared to be blood shot and glassy. The drivers movements were slow and lethargic. The driver speech was slurred. When the driver exited the vehicle he stumbled and could not maintain balance. The driver stumbled forward into the front right fender of Ofc. Jones's marked police vehicle. The driver was assisted back onto his feet and sat down on Ofc. Jones's push bar.</p>

<b>Drivers Statements:</b>
<p>I advised the driver the crash investigation was complete and I was now conducting a DUI investigation. Post Miranda the driver stated he was ok. I asked the driver where he was coming from and he replied, where's my house? I again asked where he was coming from and he stated he did not know an answer to that. I asked how much he had to drink and he stated he could not answer that. I asked what he had to drink and he stated vodka. I asked if he remembered how many he had and he stated he did not remember. I asked when he had his last drink and he stated a few hours ago. I asked if he remembered where he had his drinks and he stated no. The driver consented to roadside tasks.</p>

<b>Odors:</b>
<p>Strong and distinct odor of an unknown alcoholic beverage.</p>

## General Observations

<b>Speech:</b> Slurred
<b>Attitude:</b> calm and passive
<b>Clothing:</b> Black shirt/Grey Pants/Grey Shoes
<b>Medical Problems/Medications:</b> Heart medication
<b>Other:</b> The driver stated he had an issue with his left eye, the driver stated he got hit a year and a half ago. When asked what the diagnosis was he stated the doctor stated its messed up. The driver did not wear prescription lenses, does take prescription heart medication, did not take any illicit narcotics, and was not diabetic or epileptic.

# DUI PROBABLE CAUSE AFFIDAVIT

Subject: Cunniff, Casey Case Number: 2018-0020185

## Roadside Tasks

### Horizontal Gaze Nystagmus

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Left Eye Does Not Follow Smoothly              | <input checked="" type="checkbox"/> Right Eye Does Not Follow Smoothly              |
| <input checked="" type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less      | <input checked="" type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less      |
| <input checked="" type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation | <input checked="" type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation |

While performing this exercise the driver was sitting on the push bumper of a police vehicle. While conducting this exercise lack of smooth pursuit was present. Sustained and distinct nystagmus at maximum deviation was present. Onset of Nystagmus was immediate. Vertical nystagmus was not present. I had to remind the driver several times not to move his head and to keep his eyes on the stimulus.

### Walk and Turn Task

This exercise was not conducted for the safety of the driver and all persons involved.

### One Leg Stand

This exercise was not conducted for the safety of the driver and all persons involved.

### Finger To Nose

I had the driver remain sitting on the push bumper of the police car for this exercise. I instructed and demonstrated the driver to have his index fingers pointed straight out which he could not do. I explained and demonstrated the exercise to the driver and he stated he understood. I instructed the driver to tilt his head back and close his eyes. On the first left the driver did not move. I stopped the exercise and re-explained the instructions as well as demonstrated them. The driver again acknowledged the instructions and stated he understood. I called out left again and the driver did not move. The exercise was ended due to the driver not being able to follow instructions.

### Romberg Balance

The driver stated his highest level of education was a college graduate with a masters degree. The driver stated he did know the alphabet and could recite the alphabet from A to Z. I had the driver sit on the push bumper with his eyes closed and head tilted back. When told to begin the driver recited the alphabet correctly from A to F, then recited, F, I, and mumbled letters. The driver stopped then asked where were we. I advised him of what he recited and the driver did not continue any further.

## Breath Results from Instrument

1st Result

0.371

2nd Result

0.365

3rd Result

If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this

12/15/18

(DATE)



Personally Known



Positive Identification



Notary Public



Notary Public State of Florida  
Gary J Parent  
My Commission GG 085486  
Expires 08/31/2021

*[Signature]*

Notary / Clerk of Courts / Officer (P.S. 207.16)

Signature of Arresting Officer

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: 80-006477 Software: 8100.27  
Date of Test: 12/05/2018

Date of Last Agency Inspection: 11/23/2018  
Observation Period Began: 16:30  
Subject's Name: CASEY CUNNIFF

DOB: 05/16/1962 Sex: M

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	16:59
	Air Blank	0.000	17:00
	Control Test	0.079	17:00
	Air Blank	0.000	17:01
	Subject Sample #1	0.371	17:02
	Air Blank	0.000	17:02
	Air Blank	0.000	17:04
	Subject Sample #2	0.365	17:05
	Air Blank	0.000	17:06
	Control Test	0.079	17:06
	Air Blank	0.000	17:07
	Diagnostics Check	OK	17:07

Cylinder Lot: 05218080A3  
Exp: 05/05/2020

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 GARY J PARENT, 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: 12/05/18  
Signature

Sworn to (or affirmed) before me this 05 day of December, 2018

Signature of Notary Public-State of Florida: \_\_\_\_\_  
Printed Name of Notary Public-State of Florida: IND. P. DELLARD

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.

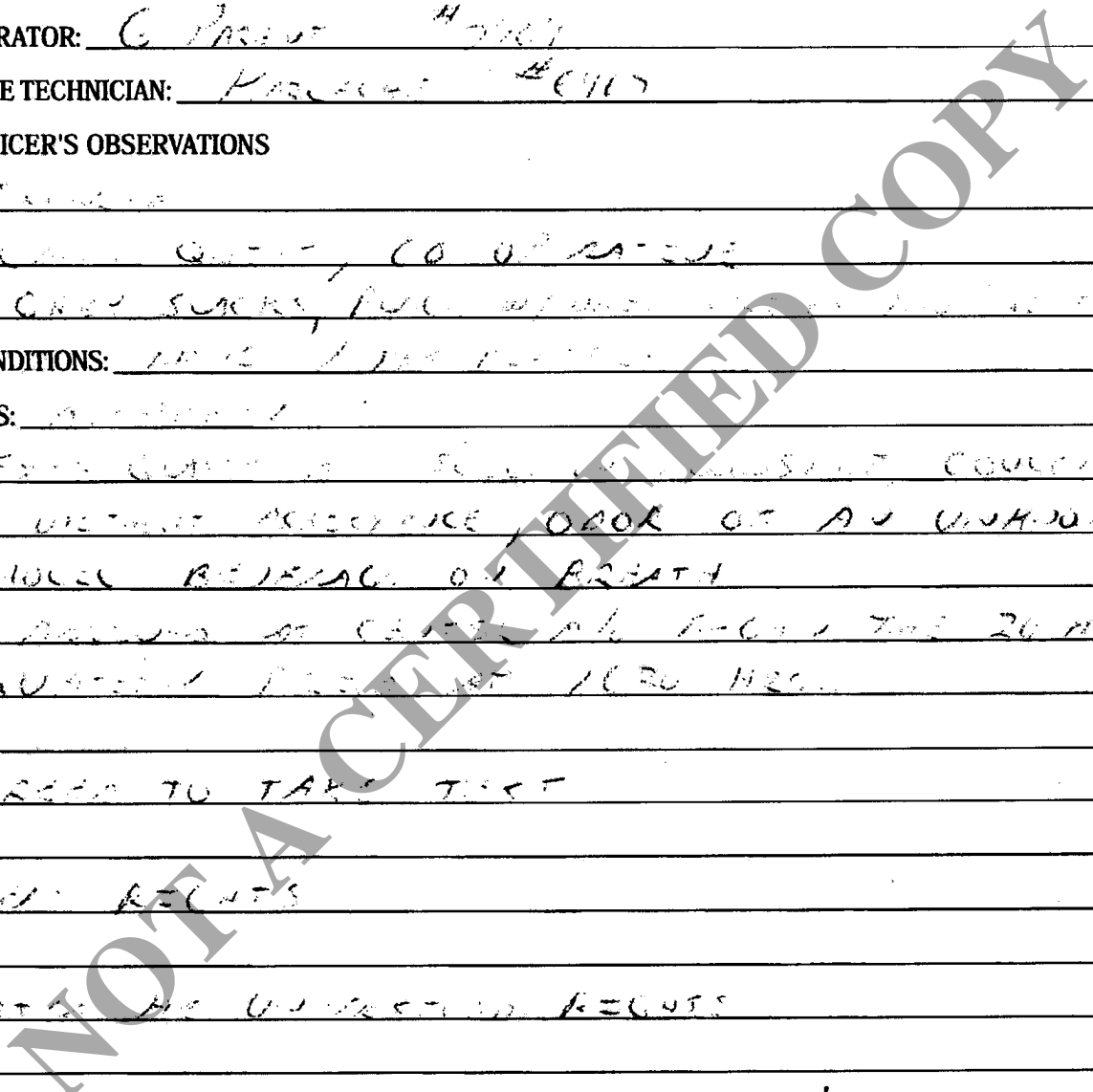
# TESTING FACILITY TASK REPORT

AGENCY: W/PD  
SUBJECT: CONDUCT COPY CASE NUMBER: 18-152192  
DATE: 12/10/18 VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 1656 ENDING TIME: 1710  
BREATH TESTS RESULTS: 1) 371 TIME 1702 A.M./P.M. 2) 365 TIME 1705 A.M./P.M.  
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.  
BREATH OPERATOR: C. PARSONS #4107  
MAINTENANCE TECHNICIAN: PARSONS #4107

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal  
ATTITUDE: Cooperative, calm  
CLOTHING: Grey socks, blue pants  
MEDICAL CONDITIONS: None  
MEDICATIONS: None  
OTHER: Subject could not  
will without assistance, odor of an unknown  
alcohol beverage on breath  
COMMENTS: Subject at center of road for 20 minutes  
observed by patrol 1020 hrs.

A agreed to take test  
also rec. results  
A stated no understanding requests  
tech read breath test results A admitted to  
use of alcohol  
sh. attend to Q+A  
A declined to answer questions



SUBJECT: Casey Casey CASE NUMBER: 2018-0070185

**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

SUBJECT: CHURCH, C...

CASE NUMBER: 2015-0020155

# 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: \_\_\_\_\_



**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: 2018040384	Date: 12/6/2018
	Specialist Name/ID: LR/ #6673