

ARREST / NOTICE TO APPEAR

18GT8883

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

1

JUVENILE

ADMI NIST RAT ION	ORIS Number	Agency ORI Number <b>0500200</b>	Agency Name <b>Boca Raton Police Department</b>	Agency Report Number (N.T.A.'s only) <b>3, 2 2018-006857</b>							
DEF END ANT	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) <b>6000 W GLADES RD, BOCA RATON, FL 33431</b>		Location of Offense (Business Name, Address) <b>6000 W GLADES RD, BOCA RATON, FL 33431</b>								
DATE	Date of Arrest <b>05/18/2018</b>	Time of Arrest <b>01:09</b>	Booking Date <b>05/18/2018</b>	Booking Time <b>01:19</b>	Jail Date <b>05/18/2018</b>	Jail Time <b>01:40</b>	Location of Vehicle <b>WESTWAY</b>				
	Name (Last, First, Middle) <b>CIMBER, CORI ELIZABETH</b>										
D	Alias:			Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W. White B. Black O. Oriental/Asian	Sex M. Male F. Female	Date of Birth <b>03/01/1998</b>	Height <b>5'05"</b>	Weight <b>105</b>	Eye Color <b>BROWN</b>	Hair Color <b>RED</b>	Complexion <b>LIGHT</b>	Build <b>Thin</b>		
E	Scars, Marks, Tattoos, 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"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number) <b>23085 AQUA VIEW 5, BOCA RATON, FL 33433</b>			(City)	(State)	(Zip)	Phone <b>(561) 306-2690</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>			
N	Permanent Address (Street, Apt. Number) <b>23085 AQUA VIEW 5, BOCA RATON, FL 33433</b>			(City)	(State)	(Zip)	Phone <b>(561) 306-2690</b>	Address Source <b>SUBJECT</b>			
	Business Address (Name, Street) <b>RED BULL,</b>			(City)	(State)	(Zip)	Phone	Occupation <b>Sales Rep</b>			
C	D/L Number, State <b>C516105985810 / FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>BOCA RATON, FL,</b>		Citizenship <b>US</b>					
	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					
J	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					
U	<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 3. Incarcerated						
V	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				
C	<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. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Product/ 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
C	Charge Description <b>DUI</b>				Statute Violation Number <b>316.193(1)</b>		Violation of ORD #				
	Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>2018-6857</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		
C	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		
C	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		
I	Health / Apparent Physical Condition of Defendant <b>GOOD</b>				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 checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By <b>BISSOON</b>		Released By <b>BISSOON</b>		Released To <b>COUNTY JAIL</b>		
N	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>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time <b>06/18/2018 08:30:00</b>				
T	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) <i>[Signature]</i>					Date Signed <b>C</b>					
A	HOLD for Other Agency		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) <b>Cori Kimber</b>						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>BISSOON, S. R.</b>		LD. # <b>664</b>		PAGE <b>1 OF 1</b>				
D	Initials/Depos		Pouch #	Transporting Officer <b>BRPD</b>	LD. #	Agency <b>BRPD</b>	Witness here if subject signed with an "X".				

AM. MAY 22 2018

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2018-006857</b>	
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>CIMBER, CORI ELIZABETH</b>	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/01/1998</b>
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Charge Description <b>316.193(1) DUI</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race	Sex	Date of Birth
-----------------------------------------------------------------	------	-----	---------------

Local Address (Street, Apt. Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	(City)	(State)	(Zip)	Phone <b>(561) -</b>	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone <b>(56) -</b>	Occupation
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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.

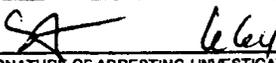
On the 18 day of May, 2018 at 01:09 (Specifically include facts constituting cause for arrest.)

On 05/18/2018, while patrolling the parking lot of 6000 W Glades Rd (Blue Martini), I observed a 2008 silver BMW bearing Fl tag#Y29HCH go the wrong the way as the vehicle drove through the parking lot. The BMW also ran over a curb as the vehicle tried to make a turn. The vehicle then stopped at the entrance to Blue Martini and the driver, w/f Cori Cimber, exited the vehicle and tried to get into the front passenger side of the vehicle before I stopped her. I then told her the reason for stopping her was due to her driving the wrong way and for driving over the curb. I could immediately smell a strong odor of an alcoholic beverage emanating from her person and her eyes were glossy and blood shot. I then asked her if she had been drinking and she stated that she had two drinks tonight. Cimber stated that she was on probation and just wanted to go home.

Based on my observations, I then asked her if she would submit to the stadardized field sobriety tasks to dispel my alarm that she was under the influence. Cimber asked what would happen if she refused and I then informed her of her Taylor Warnings and Cimber advised that she would submit to roadside tasks. I then walked her over to a well-lit area and asked her if she had any medical problems or medical issues that would prevent her from doing the tasks. Cimber stated that she was bi-polar, suffered from PTSD and anxiety. She was taking Adderall, Seroquel and other medications to treat her medical problems. Cimber advised that she had no medical or physical issues that would prevent her from conducting the tasks. The tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

The first SFST was the Walk and Turn. Cimber failed to maintain the starting position and as she walked the line she failed to keep her feet heel to toe. She made an improper turn by just turning around instead of the way that I instructed her to. She started the task and completed the first nine steps and stumbled backwards. Cimber then walked back to the starting point and began the task again. She also swayed during the task and stepped off the line as she conducted the task.

SWORN AND SUBSCRIBED BEFORE ME
 <b>WOLLSCHLAGER, ANTHONY J</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
<u>05/18/2018</u> DATE

 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>BISSOON, STEPHEN R (664)</b> NAME OF OFFICER (PLEASE PRINT)
<u>05/18/2018</u> DATE

OBTs Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number	Agency Name	Agency Report Number					
<b>FL 0500200</b>	<b>BOCA RATON POLICE DEPARTMENT</b>	<b>3   2   2018-006857</b>					
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:			
Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth			
<b>CIMBER, CORI ELIZABETH</b>		<b>W</b>	<b>F</b>	<b>03/01/1998</b>			

The second SFST was the One Leg Stand. Cimber failed to keep her foot six inches of the ground. She failed to maintain the starting position and she also started the task before being told to begin. Cimber swayed during the task.

The third SFST was the Finger to Nose (L-R-L-R-R-L). On the first left, she touched her left nostril. On the first right, she touched the right nostril. On the second left she touched the left nostril. On the second right she touched her nose with the pad of her finger. On the third right she touched her nose with the pad of her finger. On the third left she touched the right nostril. top of her nose. She also swayed during the task and she opened her eyes during the task.

The fourth SFST was the Rhomberg Alphabet which she was unable to recite properly. She got all the way to Y and then started to say the alphabet backwards. She also swayed during the task. Based on my investigation I placed Cimber under arrest for DUI. Ofc. Coon searched Cimber and I then transported her to BRPD.

Ofc. Rafalko responded as my Breath Test operator. As I arrived at BRPD Cimber started having a hard time breathing and needed medical attention. BRFD responded to the booking facility and then transported Cimber to Boca Regional to get medical clearance. Ofc. Rafalko rode with BRFD to Boca Regional. While at Boca Regional after being there for over an hour already I asked Erica Posternack RN (nurse in charge of Cimber) how long would it be for Cimber to receive medical clearance and she replied that it would take a minimum of two hours. (We arrived at Boca ER at 0149 hrs. and at 0350hrs medical clearance was still not given). So, with breath being impractical, I then asked Cimber to provide a urine sample and she refused. I then informed her of her Implied Consent Warnings and she advised that she understood and still refused to provide the urine sample. I also read Cimber her Constitutional Warnings which she advised she understood and she wouldn't answer my questions without an attorney present. See DUI influence report.

Cimber is being charged under F.S.S. 316.193(1) for DUI. Cimber was transported to Palm Beach county jail for final disposition. Cimber's vehicle was towed to Westway.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>BISSOON, STEPHEN R (664)</b> NAME OF OFFICER (PLEASE PRINT) <b>05/18/2018</b> DATE	<b>SCANNED</b> <b>MAY 22 2018</b>
	<b>WOLLSCHLAGER, ANTHONY J</b>		
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		
	<b>05/18/2018</b>		PAGE <b>2 of 2</b>

18-6857

ARR  
0109

OBSV  
0129

# DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

SCANNED  
MAY 22 2008



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ AM/PM:

Subject: \_\_\_\_\_ Case Number: \_\_\_\_\_

**PERSONAL CONTACT**

Driving Pattern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observation of Driver: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Odors: \_\_\_\_\_  
\_\_\_\_\_

**GENERAL OBSERVATIONS**

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

Horizontal Gaze Nystagmus:

- |                                                                      |                                                                       |
|----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Left eye does not follow smoothly           | <input type="checkbox"/> Right eye does not follow smoothly           |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less  | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less  |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: \_\_\_\_\_

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this \_\_\_\_\_ (date) by \_\_\_\_\_.

\_\_\_\_\_  
Notary/Clerk of Court/ Officer (FSS 117.10) Date

\_\_\_\_\_  
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: Bissoon

Name: ofc. Rafaiko Phone # \_\_\_\_\_ Work # 561 3381234

Address: 100 NW 2nd Ave Boca

Can testify to: BREATH TEST

Name: ofc. COON Phone # \_\_\_\_\_ Work # "

Address: "

Can testify to: Back up

Name: ofc. Keniston Phone # \_\_\_\_\_ Work # "

Address: "

Can testify to: "

Name: ofc. G. Desir Phone # \_\_\_\_\_ Work # "

Address: "

Can testify to: "

Name: ofc. Beissi Phone # \_\_\_\_\_ Work # "

Address: "

Can testify to: "

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 18-6857

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, May, ~~2018~~ <sup>18</sup> 2018.  
(day) (month) (date) (year)

B. The time is now approximately \_\_\_\_\_ AM/PM.

C. The following is in reference to case number 18-6857

D. Present at this time is Bissoon / Rafaike of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Bissoon, have you arrested Core Cimber in violation of  
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms. Cimber, I am required to inform you these  
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

NOT A CERTIFIED COPY

**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- ~~A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.~~
- B.** I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*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 Signature: \_\_\_\_\_

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs. Ms. Cimber has refused to submit to a breath test.

The date is May, 18, 2018, and the time is 0244 AM/PM.

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY



**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.	Click here to enter text.
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	Click here to enter text.
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	Click here to enter text.
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	Click here to enter text.
	<input type="checkbox"/>	119.071(2)(e)	Confession.	Click here to enter text.
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	Click here to enter text.
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	Click here to enter text.
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	Click here to enter text.
	<input type="checkbox"/>	394.4615(7)	Mental health information.	Click here to enter text.
	<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.	Click here to enter text.
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.	Click here to enter text.
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	Click here to enter text.
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	Click here to enter text.
	<input type="checkbox"/>		Choose an item.	Click here to enter text.
	<input type="checkbox"/>		Choose an item.	Click here to enter text.
	<input type="checkbox"/>		Choose an item.	Click here to enter text.
	<input type="checkbox"/>		Choose an item.	Click here to enter text.
	<input type="checkbox"/>		Choose an item.	Click here to enter text.
Other	<input type="checkbox"/>	Click here to enter text.	Other: Click here to enter text.	Click here to enter text.
	<input type="checkbox"/>	Click here to enter text.	Other: Click here to enter text.	Click here to enter text.

REVIEW COMPLETED BY

Booking Number:	2018016708	Date:	05-18-2018
		Specialist Name/ID:	Drucker/9206

SCANNED  
MAY 22 2018