

0510972

729

ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Captive	1	JUVENILE					
DEF END ANT	Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5, 4 19-004154									
	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: NONE	Multiple Clearance Indicator	01						
	Location of Arrest (Including Name of Business) S 811/DR ROAD, JUPITER, FL 33477		Location of Office (Business Name, Address) 5499 S ALT AIA/DONALD ROSS RD, JUPITER, FL 33477									
	Date of Arrest 09/15/2019	Time of Arrest 00:55	Booking Date 09/15/2019	Booking Time 01:05	Jail Date	Jail Time	Location of Vehicle NORTH COUNTY TOW					
JUV ENILE	Name (Last, First, Middle) SCAROLA, DAVID JOSEPH		Alias (Name, DOI, Sec. #, Etc.) Alias: SCAROLA, DAVID JOSEPH									
	Race W - White B - Black O - Oriental/Asian	I - American Indian	Sex M	Date of Birth 06/02/1978	Height 5'08	Weight 180	Eye Color HAZEL	Hair Color BLONDE /	Complexion LIGHT	Build Medium		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status D	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" 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) 13025 COASTAL CIR, WEST PALM BEACH, FL 33410		(City)	(State)	(Zip)	Phone (561) 632-8316		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
	Permanent Address (Street, Apt. Number) 13025 COASTAL CIR, WEST PALM BEACH, FL 33410		(City)	(State)	(Zip)	Phone (561) 632-8316		Address Source DEF				
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation				
	DVI Number, State S640170782020 / FL		Sex, Sex Number	INS Number	Place of Birth (City, State) PBG, FL		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					
	Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone Business Phone				
Notified by: (Name)		Date	Time	Relationship		JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
Released by: (Name)		Date	Time	Relationship		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.						
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		School Attended Grade						
CHA RGE	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/Opior.	P. Psychomotor/ Equipment S. Synthetic	U. Unknown Z. Other	
	Charge Description DUI - DRIVING UNDER INFLUENCE						Statute Violation Number 316.193(1)*	Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Captive Number	Bond				
	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 / Captive Number	Bond					
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 / Captive Number	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 <input type="checkbox"/> PROPERTY - Received By						Released By		Released To				
Transported By						Date Transported	Time Transported	Other				
NOTI CE	<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		Court Date and Time 10/16/2019 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 9/15/19			
ADMI N	HOLD for Other Agency		Signature of Arresting Officer g.r.f.		Name Verification (Printed by Arrestee)		Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Recanted Arrest <input type="checkbox"/> Suspected <input type="checkbox"/> Other		Name of Arresting Officer (Print) BORROWS, ANDREW		I.D.# 1138		(PRINT)					
Head of Agency Tommas		Pouch #	Transporting Officer OFC A BORROWS		I.D.# 380		Agency JPD		PAGE 1 OF 1			

2019CT017143
Received WB
SEP 17 2019

FILED
SEP 16 2019
SHARON R. BOCK
Clerk & Comptroller

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15th DAY OF September 20 19 AT 0031 AM PM
SUBJECT: Scarola David Joesph CASE NUMBER: 19-004154
AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138
PERSONAL CONTACT

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

I was traveling south on South Alternate A1A. I was in the left turn lane at Donald Ross Road. I noticed a 2011 Infiniti SUV bearing Florida license plate HYV5G in the left turn lane in front of me. The vehicle was stopped across the marked stop bar and cross walk. When the light turned green for southbound traffic, the turn arrow did not activate as it appeared the SUV was past the activation switch on the roadway. The vehicle started to creep forward and then made a left hand turn while the turn arrow was red. The vehicle then traveled east on Donald Ross Road. It was swerving as it drove. I initiated a traffic stop a short time later. I walked up to the driver's side door and made contact with the driver, identified to me by Florida Driver's License as David Scarola.

OBSERVATION OF DRIVER:

Scarola had bloodshot, glassy eyes. Scarola's eyelids were droopy. Scarola appeared generally disheveled. He had water marks on his clothes when he exited the vehicle and his front zipper was partially down. Scarola had difficulty exiting his vehicle, dropping debris and not taking his seatbelt completely off when I had him exit.

DRIVER'S STATEMENTS:

Scarola stated he'd run the red light because he was eating a French fry and not paying attention, though he was apparently aware he had run the red light. Scarola stated he'd consumed, "the equivalent of one beer." when I asked him.

ODORS:

Scarola had the odor of an unknown alcoholic on his breath.

GENERAL OBSERVATIONS

SPEECH: Scarola's speech was occasionally slurred.

ATTITUDE: Scarola was mostly cooperative, with occasional flashes of arrogance/ argumentativeness

CLOTHING: Blue jacket, blue button up shirt, pants, black loafers

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ofc. A. Borrows 380 / 1138

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of September 20 19 by Ofc. A. Borrows 380 / 1138

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)



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:

WALK & TURN:

Scarola lost his balance twice from the starting position. Scarola missed heel to toe on the 1st, 4th, 5th and 7th steps. Scarola turned improperly (though he had just confirmed with me how to turn) by pivoting on the balls of his feet. Scarola stopped and tried to take his first step, but stumbled to the right. Scarola started counting, "one" before his first step on the return leg, which resulted in him taking only 8 steps on the return leg. Scarola used his arms for balance at an increasing angle eduring the return leg.

ONE LEG STAND:

Scarola put his arms out to the side parallel to the ground and put his foot down at, "1000-15." Scarola stopped and I had to remind him to continue.

FINGER TO NOSE:

L1: Scarola touched just below the tip of his nose under with the tip of his finger. Scarola forgot to put his finger back down to the side. R2, L3, R4, R5 and L6: Scarola touched his nose just under the tip with the tip of his finger.

ROMBERG ALPHABET:

Scarola stated the alphabet correctly. Scarola was swaying during the exercise.

ROMBERG BALANCE:

It took Scarola 59 seconds to estimate the passage of 30 seconds.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ofc. A. Borrows 380 / 1138

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of September 2019 by Ofc. A. Borrows 380 / 1138

Print name of Arresting/Investigative Officer, whose personaly known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN

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



TESTING FACILITY TASK REPORT

AGENCY: JPD/BORROWS
SUBJECT: SCAROLA, DAVID
CASE NUMBER: 19-115258
DATE: Sep 15, 2019
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0141
ENDING TIME: 0144

BREATH TESTS RESULTS: 1) R TIME 0143 A.M. P.M. 2) XX TIME XX 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 TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED,

ATTITUDE: UPSET, ARROGANT, COCKY, UNCOOPERATIVE

CLOTHING: BLUE SHIRT, GREY PANTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGES COMING FROM BREATH

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0120
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED HE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST @ 0143
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
AND REFUSED QUESTIONING

NOT A CERTIFIED COPY

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

I, Ofc. A. Borrows 380 / 1138, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 15th day of September, 20 19, at 0055 P.M. A.M.

DRIVER David Joseph Scarola
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S-640-170-78-202-0, state of Florida, was placed under lawful arrest for
the offense of DUI by Ofc. A. Borrows 380 / 1138 and
issued Citation # AATBLESE
(Name of Arresting Officer)

That on or about the 15th day of September, 20 19, at 0143 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]
Signature of Law Enforcement Officer or
Correctional Officer



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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 15th day of September, 20 19,
by Ofc. A. Borrows 380 / 1138

who is personally known to me or who has produced
PERSONALLY KNOWN as identification
Notary Public [Signature]

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.

WITNESS LIST

CASE NUMBER: 19-004154

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: PFC Jason Flesch

ADDRESS: 210 Military Trail, Jupiter Fl 33458

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

CAN TESTIFY TO: Scene, tow of vehicle

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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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: _____

NOT A CERTIFIED COPY

SUBJECT: Scarola, David

CASE NUMBER: 19-115259

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY STOP AT ANY TIME. IF YOU ANSWER ANY 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? _____ WHEN DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS YOUR HOME ADDRESS? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT IS YOUR OCCUPATION AND HOW LONG HAVE YOU BEEN EMPLOYED? _____

WHAT DID YOU EAT? _____

HOW MUCH SLEEP DID YOU GET IN THE LAST THREE HOURS? _____

HOW MUCH HAVE YOU DRUNK? _____ HAVE YOU BEEN DRINKING? _____

HOW MUCH WITH _____ WITH _____

WHEN DID YOU TAKE YOUR LAST _____ AND YOUR LAST _____

HOW MANY _____ FOUR _____

CAN YOU SEE _____ ARE YOU _____

WHAT WAS THE WEATHER LIKE AT THE TIME OF THE ACCIDENT? _____

WHAT _____

WHAT LINE OF WORK ARE YOU IN? _____

DO YOU HAVE ANY PHYSICAL CONDITIONS OR INJURIES? _____ WHAT _____

ARE YOU SURELY DRUNK? _____

DO YOU _____ DID YOU _____

_____ TODAY? _____

HAVE YOU _____ TODAY? _____

HAVE YOU _____ WHO? _____

DO YOU _____ WHAT? _____

DO YOU HAVE _____ EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU _____ WAS YOUR LAST INJECTION? _____

DO YOU _____ ANY OTHER STATES? _____

H 300

DMV PINK - CENTER

SUBJECT: SCARLETT DAVID CASE NUMBER: 19-115258

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NEVER READ ONLY THE INFORMATION AVAILABLE TO THE TYPE OF TEST YOU ARE TO TAKE

I am now requesting that you submit the fluid from your BREATH for the purpose of detecting the presence or concentration of alcohol.

OR

I am now requesting that you submit the fluid from your URINE for the purpose of detecting the presence or concentration of alcohol.

OR

I am now requesting that you submit the fluid from your BLOOD for the purpose of detecting the presence or concentration of alcohol.

YOUR SIGNATURE IS REQUIRED AND DOES NOT TO BEYOND THIS POINT

Page 1 of 380

THIS DOCUMENT IS THE PROPERTY OF THE MISSOURI DEPARTMENT OF REVENUE. IT IS LOANED TO YOU FOR YOUR INFORMATION ONLY. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM. ANY UNAUTHORIZED REPRODUCTION OR TRANSMISSION IS STRICTLY PROHIBITED. A FINE OF \$500 AND/OR IMPRISONMENT FOR UP TO 6 MONTHS MAY BE IMPOSED FOR VIOLATION OF THIS NOTICE. THIS NOTICE IS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT.

SUBJECT'S SIGNATURE: Read on Camera

ADDITIONAL WARNINGS

1. YOU HAVE THE RIGHT TO STOP AT ANY TIME.

2. YOU HAVE THE RIGHT TO STOP AT ANY TIME IF YOU DO NOT WANT TO ANSWER ANY QUESTIONS.

3. YOU HAVE THE RIGHT TO STOP AT ANY TIME IF YOU DO NOT WANT TO TAKE A STATEMENT.

4. YOU HAVE THE RIGHT TO STOP AT ANY TIME IF YOU DO NOT WANT TO BE TESTED.

5. YOU HAVE THE RIGHT TO STOP AT ANY TIME IF YOU DO NOT WANT TO SIGN ANY DOCUMENTS.

6. YOU HAVE THE RIGHT TO STOP AT ANY TIME IF YOU DO NOT WANT TO BE TESTED IN A COURT OF LAW.

7. YOU HAVE THE RIGHT TO STOP AT ANY TIME IF YOU DO NOT WANT TO SIGN ANY DOCUMENTS.

Read on Camera



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

REVIEW COMPLETED BY

Booking Number: 2019030094	Date: 09/16/2019
	Specialist Name/ID: AM/31562