

0510160

1511 1967 14884

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 19-003711
Agency ORI Number 0501700	Charge Type: Check as many as apply: <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. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type NONE Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) W 706/MAPLEWOOD DR, JUPITER FL 33458		Location of Offense (Business Name, Address) 1399 W INDIANTOWN RD/COMMERCE WAY, JUPITER, FL	
Date of Arrest 08/13/2019	Time of Arrest 00:12	Booking Date 08/13/2019	Booking Time 00:22
Name (Last, First, Middle) PHILLIPS, HILLARY GRACE		Alias: N COUNTY TOWING	
Race W - White I - American Indian B - Black O - Oriental/Asian W F	Sex F	Date of Birth 01/28/1992	Height 5'07
Weight 170	Eye Color BLUE	Hair Color BLONDE /	Complexion LIGHT
Build Medium	Marital Status S	Religion	Indication of Alcohol Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) 431 JUPITER LAKES BLVD 2110C, JUPITER, FL 33458		Phone (561) 516-2111	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1
Permanent Address (Street, Apt. Number) 431 JUPITER LAKES BLVD 2110C, JUPITER, FL 33458		Phone (561) 516-2111	Address Source DEF
Business Address (Name, Street) JOHNNY MANGOES,		Phone	Occupation Waitress
D/L Number, State P412327925280 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) PHILADELPHIA, PA
Citizenship US		<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
Co-Defendant Name (Last, First, Middle)		Race	Sex
Name (Last, First, Middle)		Residence Phone	
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone	
Notified by: (Name)		Date	Time
Released To: (Name)		Relationship	Date
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
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
Value of Property		<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	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Seizure 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. Synthetic		U. Unknown Z. Other	
Charge Description DUI - DRIVING UNDER INFLUENCE		Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense #
Counts	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 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 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"/> 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
Transported By		Date Transported	Time Transported
<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) North County PALM BEACH GARD Court Date and Time 09/18/2019 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.		No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed 8/13/19	
HOLD for Other Agency		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Released Arrest <input type="checkbox"/> Other		(PRINT)	
Name of Arresting Officer (Print) BORROWS, ANDREW		I.D. # 1138	
Transporing Officer OFC BORROWS		I.D. # Agency 380 JPD	
Witness here if subject signed with an "X".			

8/11 8:20

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 19-003711
-------------	--	--	---	--

Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input 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) PHILLIPS, HILLARY GRACE	Alias	Race W	Sex F	Date of Birth 01/28/1992
--	-------	------------------	-----------------	------------------------------------

Charge Description DUI 316.193(1)	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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 13 day of August, 2019 at 00:12 (Specifically include facts constituting cause for arrest.)

The following is an abbreviated version of events for the purposes of booking Hillary Phillips into the Palm Beach County Jail.

On the above date at approximately 0012 hours I was on routine patrol in the area of West Indiantown Road and Commerce Way in the Town of Jupiter, Palm Beach County, Florida.

I was traveling east when I observed a 2015 Toyota bearing Florida license plate 426RUG traveling west at an apparently high rate of speed. This is a posted 45 mile per hour zone. I visually estimated the speed of the vehicle at 65 miles per hour and confirmed with my radar at 64 miles per hour. I initiated a traffic stop of the vehicle and made contact with the driver, identified to me as Hillary Phillips. I observed Phillips had bloodshot glassy eyes and I could smell the odor of an unknown alcoholic beverage on her breath. Phillips was slurring some of her speech. When I asked for her documents, Phillips handed me a Cosmetology License instead of her insurance card.

Upon the arrival of back up, I asked Phillips to exit her vehicle. When Phillips exited, she used her car to balance herself. Phillips agreed to complete SFSTs. Upon completion, I placed Phillips under arrest for DUI and advised her. I secured Phillips in handcuffs which I checked for spacing and double locked. I then transported Phillips to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20 minute observation period. I then requested Phillips provide a sample of her breath, which she refused after being read Implied Consent. I then read Phillips her Miranda Rights from a prepared text which she stated she understood. Phillips answered all questions I asked her. I then secured Phillips in a holding cell while I completed my paperwork. I subsequently booked Phillips into the Palm Beach County Jail where I charged her with DUI per FSS 316.193(1).

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		
	08/13/2019 DATE		08/13/2019 DATE

SCANNED BY ATTORNEY AUG 14 2019

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

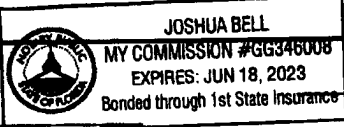

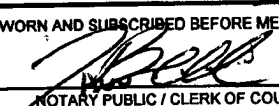
1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 19-003711
Charge Type: Check as many as apply.				Special Notes:
<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. Ordinance <input type="checkbox"/> 6. Other
Name (Last, First, Middle) PHILLIPS, HILLARY GRACE			Alias	Race W
			Sex F	Date of Birth 01/28/1992

My on scene investigation was captured on my issued body worn camera.

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	 <p>JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance</p>	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F. S. S. 117.10)		
	08/13/2019 DATE		08/13/2019 DATE
			PAGE 2 OF 2

SUBJECT: Phillips, Hillary G. CASE NUMBER: 14-003711

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? Home (Tomball TX)

WHAT STREET OR HIGHWAY WERE YOU ON? Tomball Pkwy

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? Joburg Manager

WHAT TIME DID YOU START? 10:50 WHAT TIME IS IT NOW? 1:30

WHAT IS TODAY'S DATE? 1/31 WHAT DAY OF THE WEEK IS IT? Tue

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? 11:30 WHAT DID YOU EAT? Q

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving + 1 hour

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? 1 Beer

HOW MUCH? 1 WHERE? 11:30 WITH WHOM? Guest - A

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:30 AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No 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? 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? No

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? No 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? 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? PA

INTERVIEWER: De A. Bowen

ANNE
AUG 14 2014

SUBJECT: Phillips, Hillary G CASE NUMBER: 19-003711

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 oicc

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

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: PHILLIPS, HILLARY G.

CASE NUMBER: 19-103455

DATE: 08/13/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0129

ENDING TIME: 0138

BREATH TESTS RESULTS: 1) R TIME 0132 A.M./P.M. 2) N/A TIME XX A.M./P.M.
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET / TALKATIVE, POLITE

CLOTHING: GREY NO SLEEVE BLOUSE, BLACK LEGINGS, PINK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES: BLOODSHOT, GLASSY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

SUBJECT STATED SHE DRANK 1 BEER (Q AND A)

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0108 HRS

SUBJECT DID NOT KNOW IF SHE WANTED TO TAKE BREATH TEST

A/O READ I.C. AND EXPLAINED

SUBJECT STATED SHE UNDERSTOOD I.C. AND REFUSED TO TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

REFUSED

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

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 13th day of August, 20 19, at 0028 P.M. A.M.

DRIVER Hillary Grace Phillips
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# P412 - 327 - 92 - 528 - 0, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc. A. Borrows 380 / 1138 and
(Name of Arresting Officer)

issued Citation # AATBL1E

That on or about the 13th day of August, 20 19, at 0132 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:

Signature of Attesting Officer

Title

Date

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before

me this 13th day of August, 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]

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.



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

PBSO CASE # 19-103455 PBSO ZONE 3-14

AGENCY CASE # 19-003711 CRASH CASE # _____

TIME OF STOP/CRASH 0012 DATE 08/13/2019 DAY Tuesday

SUBJECT'S NAME Phillips Hillary Grace RACE W SEX F
LAST FIRST MID

HGT 507 WGT 170 DOB 1/28/1992

LOCATION W Indiantown Road / Commerce Way

ARRESTING OFFICER'S NAME & ID Ofc. A. Borrows 380 / 1138 AGENCY Jupiter Police Department

DIVISION: Traffic

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0108

ARREST TIME 0028

BREATH RESULTS:

- 1) REFUSED
- 2) _____
- 3) _____
- 4) _____

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 19-003711

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: Officer Kevin Tappin

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: _____

ADDRESS _____

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: _____

NAME: _____

ADDRESS _____

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



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"/>	(vii) 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"/>	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019026402	Date: 8/13/2019
	Specialist Name/ID: M. Tooks #8557