

0510971

19CF 8734 #490

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest	3. Request for Warrant	1	Juvenile	N	
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.			Agency Report Number (N.T.A.'s only) 7 8 1 1 9 1 0 0 5 4 1 7						
Charge Type: Check as many as apply: <input checked="" 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 Enter Type		Multiple Clearance Indicator			
Date of Arrest (Including Name of Business)					Location of Offense (Business Name, Address)						
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
09/15/19	00:38										
Name (Last, First, Middle) McCann, James K										Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build			
W - White B - Black I - American Indian O - Oriental	M	1.1.26.72	603	220	Bro	Bro	Med	Thin			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of Alcohol Influence Drug Influence				
					S	Unkn	Y N Unk 0 0 #				
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Residence Type:					
56 Dunbar Rd		Palm Beach Gardens	FL	33418	(21) 721-7888	1. City 2. County 3. Florida 4. Out of State		11			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source					
56 Dunbar Rd		Palm Beach Gardens	FL	33418	(-)	Verba					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation					
					(-)	Real Estate					
D/L Number, State		INS Number			Place of Birth (City, State)		Citizenship				
M750451724260					Brooklyn, NY		US				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile		
Parent Legal Custodian		Name (Last)		(First)	(Middle)	Residence Phone					
Other:											
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone						
Notified by: (Name)				Date	Time	Juvenile Disposition:					
						1. Handled/Processed within Dept. and Released 2. TOT DCF 3. Incarcerated					
Released To: (Name)				Relationship	Date	Time					
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. 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: (Name) <input type="checkbox"/> No, (Reason)											
Property Crime?		Description of Property				Value of Property					
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Drug Activity		S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type				
N. N/A P. Possess		B. Buy T. Traffic	D. Deliver E. Use				N. N/A A. Amphetamine		B. Barbiturate C. Cocaine F. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other		
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
SIMPLE BATTERY		1	Y	7.8.4110.3. 111A.1.1							
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
N		N	N/A				NO BOND				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
DOMESTIC BATTERY BY STRANGULATION		1	Y	7.8.4110.4.1. 113.1.1							
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
N		N	N/A				NO BOND				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
CHILD ABUSE W/O GREAT BODILY HARM		1	Y	8.2.7110.3. 112.C.1.1							
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
N		N	N/A				NO BOND				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)									
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time									
		Month	Day	Year	Time	A.M.	P.M.				
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			Name Verification (Printed by Arrestee)						
Name:		X									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print)		I.D. #		(PRINT)			
				TYLER WITT		492					
Inmate ID #		Pouch #	Transposing Officer		I.D. #	Agency		PAGE			
1900			WITT		492	PB6PS		1 OF 1			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

SCANNED

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTs Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 19-005417
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Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) MCCANN, JAMES KEITH	Alias	Race W	Sex M	Date of Birth 11/26/1972
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Charge Description 784.041(3) DOMESTIC BATTERY BY STRANGULATION	Charge Description 827.03(2)(C) CHILD ABUSE WITHOUT GREAT BODILY HARM
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Victim's Name (Last, First, Middle) [REDACTED]	Race W	Sex F	Date of Birth 11/13/1981
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Local Address (Street, Apt. Number) [REDACTED]	(City)	(State)	(Zip)	Phone [REDACTED]	Address Source
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Business Address (Name, Street) [REDACTED]	(City)	(State)	(Zip)	Phone [REDACTED]	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 VICTIM who told LAW ENFORCEMENT 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 14 day of September, 2019 at 23:57 (Specifically include facts constituting cause for arrest.)

On Saturday, September 14, 2019, at approximately 2357 hours, I responded to [REDACTED] in reference to a domestic battery in progress. The caller stated her [REDACTED] choked her. She stated he was intoxicated and had also hit one of the children. She stated the child was currently in the bedroom with the suspect. My Body Worn Camera was used for this investigation.

Upon arrival I spoke to the caller, identified as [REDACTED]. [REDACTED] informed me that she was in a dispute with her [REDACTED] identified as James McCann tonight. She stated they cohabitate together as a family and had a [REDACTED] in common. She stated they have been in a dating relationship for seven years. [REDACTED] stated yesterday she took a video of James "beating" her [REDACTED] who are not related to James. [REDACTED] stated her [REDACTED] are, [REDACTED] and [REDACTED]. James then took her phone and broke the phone so she could not have the video as evidence. [REDACTED] stated that she did not call the police on this incident yesterday. [REDACTED] stated that the issue carried over from last night into today's incident. [REDACTED] stated that James was intoxicated, and a verbal argument ensued. During the verbal argument James was upset due to a comment made. He then slapped her in the face. As the argument continued after slapping her, she stated their [REDACTED] was next to her. James then attempted to hit [REDACTED] again and he missed. The missed slap hit [REDACTED] across his back behind his right arm. The dispute escalated as [REDACTED] stated they were in the bedroom. She stated James then grabbed her by the neck as she was laying on the bed. [REDACTED] stated her head was on the floor and her body and feet were on the bed as she was only half on it. [REDACTED] stated that James grabbed her by the neck with both hands and squeezed. She stated as he did, she began to see black dots in her vision and could not breath. She stated she felt as if she was going to pass out from not being able to breath due to being choked. [REDACTED] said she then called law enforcement. As she did James grabbed [REDACTED] and went into the bedroom. [REDACTED] stated he had placed items in front of the door to prevent her from accessing him or [REDACTED]. She provided this statement on Body Worn Camera and was

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/15/2019 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WITT, TYLER (492) NAME OF OFFICER (PLEASE PRINT) 09/15/2019 DATE	PAGE 1 OF 2
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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 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 19-005417
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Change Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) MCCANN, JAMES KEITH	Alias	Race W	Sex M	Date of Birth 11/26/1972
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sworn under oath. I was informed that [REDACTED] and [REDACTED] were inside the residence during the incident tonight but did not witness it as they were sleeping.

While looking for injuries on [REDACTED] I observed a scratch under her left eye. I observed her neck to be red, and the rest of her exposed skin to not be red. Based on the injuries I find them to be consistent with her statement she provided. It should be noted I later observed [REDACTED] to have an injury to his back/shoulder area which was a large red mark. This would be consistent with the statement provided by [REDACTED].

Officer Ray, Sergeant Leffler, and I entered the residence in an attempt to contact James. Prior to attempting contact the residence was cleared for any possible injured people. [REDACTED] assisted in having [REDACTED] and [REDACTED] exit the residence to ensure their safety. Both [REDACTED] and [REDACTED] were sleeping prior to being removed.


Once contact was attempted with James it took numerous attempts of yelling for him to exit the bedroom. As he exited, he was not following commands to place his hands in the air. Sergeant Leffler and I were able to detain him for safety. James began to move around when being detained and did not follow commands. While close to James I smelled the strong odor of alcohol coming from his breathe and person. He was swaying heavily and appeared to be intoxicated.

Officer Ray cleared the bedroom that James was in and was able to observe [REDACTED] in the bed asleep. I then went into the bedroom and observed his injuries. They were documented on Body Worn Camera at this time. Inside the bedroom I smelled the strong odor of burnt marijuana coming from inside the room. I did not observe any drugs in plain view and did not attempt to search for them.

I then spoke to James who was read his Miranda Warnings by other officers. I asked him if he remembered his rights and if he would speak to me. James agreed. During my interview with James he stated he was in a verbal argument with his wife. He denied ever touching her or his [REDACTED]. James was evasive during the interview.

Based on the totality of the circumstances I find probable cause to arrest James McCann for violation of F.S.S. 784.041(3) Domestic Battery by Strangulation, violation of F.S.S. 784.03(1)(A)(1) Simple Battery, violation of F.S.S. 827.03(2)(C) Child Abuse without Great Bodily Harm.

Officer Ray provided [REDACTED] with a Domestic Rights Pamphlet with the case number and her rights as a victim. I then transported James to the Palm Beach Gardens Police Department for processing. I will later contact DCF in reference to this incident. James will be transported to the Palm Beach County Jail.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	09/15/2019	WITT, TYLER (492)
	DATE	NAME OF OFFICER (PLEASE PRINT)
		09/15/2019
		DATE

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 09/14/2019 23:57	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 19-005417
	Agency ORI Number FL 0502600		

Upon arrival I spoke to the caller, identified as [REDACTED]. [REDACTED] informed me that she was in a dispute with her [REDACTED] identified as James McCann tonight. She stated they cohabitate together as a family and had a [REDACTED] in common. She stated they have been in a dating relationship for seven years. [REDACTED] stated yesterday she took a video of James "beating" her [REDACTED] who are not related to James. [REDACTED] stated her [REDACTED] are, [REDACTED] and [REDACTED]. James then took her phone and broke the phone so she could not have the video as evidence. [REDACTED] stated that she did not call the police on this incident yesterday. [REDACTED] stated that the issue carried over from last night into today's incident. [REDACTED] stated that James was intoxicated, and a verbal argument ensued. During the verbal argument James was upset due to a comment made. He then slapped her in the face. As the argument continued after slapping her, she stated their [REDACTED], was next to her. James then attempted to hit [REDACTED] again and he missed. The missed slap hit [REDACTED] across his back behind his right arm. The dispute escalated as [REDACTED] stated they were in the bedroom. She stated James then grabbed her by the neck as she was laying on the bed. [REDACTED] stated her head was on the floor and her body and feet were on the bed as she was only half on it. [REDACTED] stated that James grabbed her by the neck with both hands and squeezed. She stated as he did, she began to see black dots in her vision and could not breath. She stated she felt as if she was going to pass out from not being able to breath due to being chocked. [REDACTED] said she then called law enforcement. As she did James grabbed [REDACTED] and went into the bedroom. [REDACTED] stated he had placed items in front of the door to prevent her from accessing him or [REDACTED]. She provided this statement on Body Worn Camera and was sworn under oath. I was informed that [REDACTED] and [REDACTED] were inside the residence during the incident tonight but did not witness it as they were sleeping.

While looking for injuries on [REDACTED] I observed a scratch under her left eye. I observed her neck to be red, and the rest of her exposed skin to not be red. Based on the injuries I find them to be consistent with her statement she provided. It should be noted I later observed [REDACTED] to have an injury to his back/shoulder area which was a large red mark. This would be consistent with the statement provided by [REDACTED].

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Based on the totality of the circumstances I find probable cause to arrest James McCann for violation of

STATE OF FLORIDA
COUNTY OF PALM BEACH

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


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 15 day of September, 2019.


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

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 09/14/2019 23:57	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 19-005417
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F.S.S. 784.041(3) Domestic Battery by Strangulation, violation of F.S.S. 784.03(1) (A) (1) Simple Battery, violation of F.S.S. 827.03(2) (C) Child Abuse without Great Bodily Harm.

Officer Ray provided [redacted] with a Domestic Rights Pamphlet with the case number and her rights as a victim. I then transported James to the Palm Beach Gardens Police Department for processing. I will later contact DCF in reference to this incident. James will be transported to the Palm Beach County Jail.

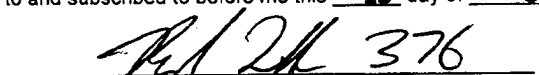
NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

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


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 15 day of September, 2019.


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

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/14/2019 23:57		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 19-005417	
	Agency ORI Number FL 0502600		Alias		Race W	Sex M
D E F	Name (Last, First, Middle) MCCANN, JAMES KEITH				Date of Birth 11/26/1972	
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)					
V I C T I M	Victim's Name (Last, First, Middle)				Race W	Sex F
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone	Address Source
	Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): FEARFUL AND UPSET			
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]						
PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CALLER: [REDACTED] (VICTIM) TYPE: HANDS, FISTS NAMES/AGES: [REDACTED]						
ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: [REDACTED] PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
On Saturday, September 14, 2019, at approximately 2357 hours, I responded to [REDACTED] in reference to a domestic battery in progress. The caller stated her [REDACTED] choked her. She stated he was intoxicated and had also hit one of the [REDACTED]. She stated the [REDACTED] was currently in the bedroom with the suspect. My Body Worn Camera was used for this investigation.						
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. _____ SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>15</u> day of <u>September</u> , <u>2019</u> . _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

CERTIFIED COPY

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- 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 #: 19-005417 Agency: PAIM BEACH GARDENS PD
 Offense: DOMESTIC VIOLENCE
 Suspect/Offender: JAMES MCLANN
 D.O.B. 11/26/72 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: N/A Other: N/A

b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ 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: _____
Printed name of person waiving notification: _____

Officer's Name: TYLER WITT I.D.: 492 Date: 9/15/19

SUSPECT/OFFENDER:

COURT CASE/WARRANT #:
(FOR WARRANTS 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019030095

Date: 09/16/2019

Specialist Name/ID: AM/31562