

0490100

192014703

2138

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FL 5000000		Agency Name Palm Beach Gardens Police	Agency Report Number (N.T.A.'s only) 9-00472311
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 type="checkbox"/> 5. Ordinance
			<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Location of Arrest (including Name of Business) 4373 Northlake Blvd, PBG, FL	Location of Offense (Business Name, Address) 4373 Northlake Blvd, PBG, FL
Date of Arrest 08/10/19	Time of Arrest 2:27
Booking Date	Booking Time
Jail Date	Jail Time
Location of Vehicle 4373 Northlake Blvd, PBG	

Name (Last, First, Middle) Stadek, Jennifer Lynn	Alias (Name, DOB, Soc. Sec. #, Etc.)
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Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M F	Date of Birth 08/13/86	Height 5'7	Weight 135	Eye Color BLU	Hair Color BLU	Complexion Light	Build Thin
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Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tat - Right Ribs	Marital Status Single	Religion None	Indication of Alcohol Influence Y N Unk
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Local Address (Street, Apt. Number) 9022 Allister Blvd East PBG FL 33418	(City) PBG	(State) FL	(Zip) 33418	Phone (201) 803 0727
Permanent Address (Street, Apt. Number) 9022 Allister Blvd East PBG FL 33418	(City) PBG	(State) FL	(Zip) 33418	Phone ()

Business Address (Name, Street) ()	(City) ()	(State) ()	(Zip) ()	Phone ()
Address Source Verbal	Occupation Para Legal			

DL Number, State 5432432867930/FL	INS Number	Place of Birth (City, State) Elmhurst, IL	Citizenship US
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Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
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Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
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<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)	Residence Phone ()
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Address (Street, Apt. Number) ()	(City) ()	(State) ()	(Zip) ()	Business Phone ()
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Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated
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Released To: (Name)	Relationship	Date	Time
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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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)	School Attended	Grade
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Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property
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Drug Activity N/A Possess	S. Sell T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type 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
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Charge Description Driving Under the Influence	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.11.93.11	Violation of ORD #
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Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number	Bond OF
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Charge Description DUI over .15	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.11.93.14	Violation of ORD #
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Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number	Bond OF
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
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Location (Court, Room Number, Address) 3188 PGA Blvd, PBG, FL 33410	North County Government Center (561) 662-6700
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Court Date and Time Month Sept Day 11 Year 2019 Time 1000 A.M. X P.M.
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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

HOLD for other agency	Signature of Arresting Officer X	Name Verification (Printed by Arrestee) ANDREW FLINK 514
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT) AUG 11 2019
Intake Deputy Dg Collins 70025	LD # Pouch #	Transporting Officer ANDREW FLINK - PBG

2019 AUG 11 10:11 AM
PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10TH DAY OF AUGUST 20 19, AT 2102 AM PM
SUBJECT: SLADEK, JENNIFER, LYNN CASE NUMBER: 19004728

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: ANDREW FLINK 514
PERSONAL CONTACT

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

Ofc Yacinthe 460, observed the vehicle traveling on Northlake Blvd, without lights on after dark. Ofc Yacinthe further observed the vehicle failing to maintain a single lane and strike a curb twice. When Ofc Yacinthe attempted to stop the vehicle, it almost struck a parked vehicle and made a wide turn while in the parking lot. Ofc Yacinthe observed Sladek in the driver seat of the vehicle while it was still on and running. I made contact with Sladek while she was still in the driver seat of the parked vehicle.

OBSERVATION OF DRIVER:

Sladek appeared upset, she had a flushed red face, glassy watery eyes and the odor of an alcoholic beverage emanating from her breath. Sladek also had slurred speech.

DRIVER'S STATEMENTS:

Sladek said she had not been drinking and did not take any controlled substances. Sladek said she was coming from her house and was upset from fighting with her boyfriend.

ODORS:

Unknown alcoholic beverage emanating from her breath.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Upset

CLOTHING: Multi-colored dress, tan flip flops

MEDICAL/OTHER: Depression

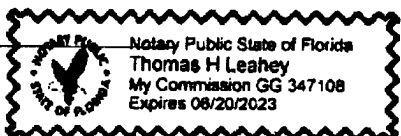
STATE OF FLORIDA
COUNTY OF PALM BEACH

Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of AUGUST 20 19 by ANDREW FLINK

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:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Initially would not follow instructions. My observations were made when the exercise was conducted in the proper manner.

WALK & TURN:

Sladek had difficulty getting in the starting position. Sladek stepped off the line and raised her arms several times. When told to begin, Sladek started at the count of "nine" and counted all the way up to "22". On step "15", she stepped off the line and stopped to steady herself before continuing. After "22", she conducted an improper turn by stepping off the line, not as instructed. Sladek then stopped to steady herself and then stepped off the line on the first step. Sladek now counted down from "18" to "9", then counted up to "15". On "11" she stepped off the line and stopped to steady. Sladek did this again on step "10". Sladek then cross stepped over the line, missing heel-to-toe on the following two steps.

ONE LEG STAND:

Sladek raised her right foot off the ground then placed it to the rear of her body and held it up with her right hand. I instructed Sladek to put her raised foot to the front of her body as I instructed. Sladek then raised her right foot behind her body again, touching her buttocks with her foot again, holding it with her right hand again. I instructed Sladek to extend her foot in front of her body (while demonstrating). Sladek then raised her right foot again to the rear of her body, holding it with her right hand. On the third attempt, Sladek almost fell to her left. Sladek hopped and the exercise was terminated, since thirty seconds had elapsed.

ROMBERG ALPHABET:

Not conducted

FINGER TO NOSE:

Not conducted

BREATH TEST RESULTS:

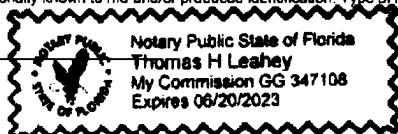
STATE OF FLORIDA
COUNTY OF PALM BEACH

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of AUGUST 2019 by ANDREW FLINK

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Personally Known

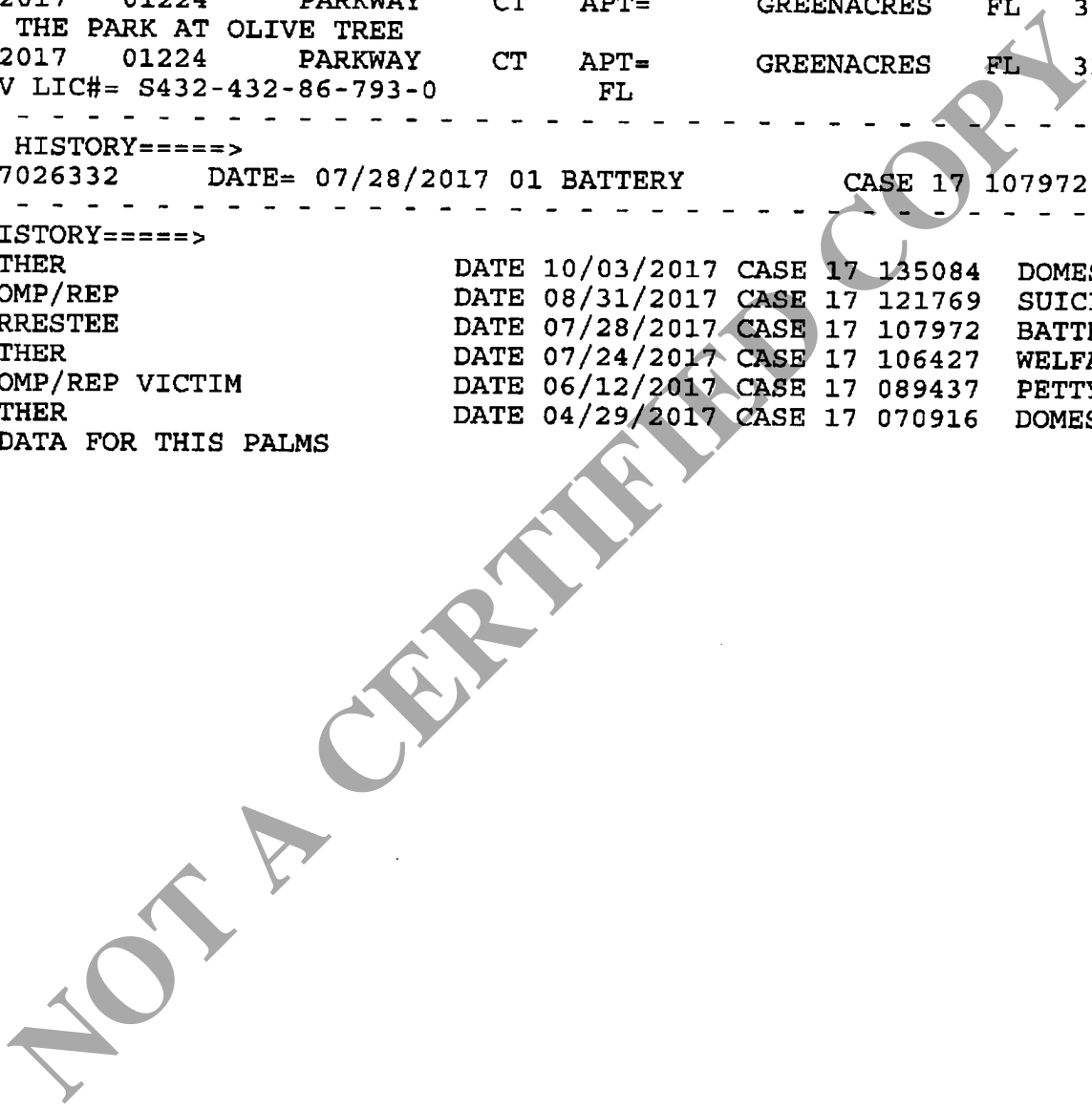
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SLADEK JENNIFER L LOC= MAIN JAIL 07/28/2017
 HGT= 5 07 WGT= 150 HAIR= BLOND EYE= BROWN WHITE FEMAL DOB= 08/13/1986 ST=
 SLADEK JENNIFER LYNN WHITE FEMAL DOB= 08/13/1986 ST=
 HGT= 5 07 WGT= 140 HAIR= BLOND EYE= BLUE
 SS#= [REDACTED] JACKET= 0490100 OCCUPATION= UNEMPLOYED
 FBI= D.O.C.#= STATE=
 SCARS-MARKS-TATOOS=
 NCIC FINGERPRINTS= AFIS NO= 2017026332
 RIGHT SIDE-ORCHID;LEFT SIDE"IXIX"
 07/29/2017 01224 PARKWAY CT APT= GREENACRES FL 33413
 SUBD: THE PARK AT OLIVE TREE
 05/01/2017 01224 PARKWAY CT APT= GREENACRES FL 33413
 DRIV LIC#= S432-432-86-793-0 FL

ARREST HISTORY=====>
 NO= 2017026332 DATE= 07/28/2017 01 BATTERY CASE 17 107972 CNTS= 0

CASE HISTORY=====>
 ROLE= OTHER DATE 10/03/2017 CASE 17 135084 DOMESTIC DIST
 ROLE= COMP/REP DATE 08/31/2017 CASE 17 121769 SUICIDE & ATT
 ROLE= ARRESTEE DATE 07/28/2017 CASE 17 107972 BATTERY/TCH/S
 ROLE= OTHER DATE 07/24/2017 CASE 17 106427 WELFARE CHECK
 ROLE= COMP/REP VICTIM DATE 06/12/2017 CASE 17 089437 PETTY THEFT
 ROLE= OTHER DATE 04/29/2017 CASE 17 070916 DOMESTIC DIST
 END OF DATA FOR THIS PALMS





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

PBSO CASE # 19-102713 PBSO ZONE 3-13

AGENCY CASE # 19004728 CRASH CASE # _____

TIME OF STOP/CRASH 2:02 DATE 8/10/2019 DAY Saturday

SUBJECT'S NAME Sladek, Jennifer RACE W SEX F

HGT 5'7 WGT 138 DOB 8/13/86

LOCATION Northlake Blvd/Military Trail

ARRESTING OFFICER'S NAME & ID ANDREW FLINK 514 AGENCY PBSPD

DIVISION: Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2200

Arrest Time 2:27

BREATH RESULTS:

- 1. .282
- 2. .280
- 3. N/A
- 4. MA

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE = N/A

NOT A CERTIFIED COPY

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 08/10/2019

Date of Last Agency Inspection: 07/19/2019
Observation Period Began: 22:00
Subject's Name: JENNIFER L SLADEK

DOB: 08/13/1986 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	22:25
	Air Blank	0.000	22:26
	Control Test	0.081	22:26
	Air Blank	0.000	22:27
	Subject Sample #1	0.282	22:28
	Air Blank	0.000	22:29
	Air Blank	0.000	22:31
	Subject Sample #2	0.280	22:32
	Air Blank	0.000	22:33
	Control Test	0.079	22:33
	Air Blank	0.000	22:34
	Diagnostics Check	OK	22:34

Cylinder Lot: 00919080A3
Exp: 03/05/2021

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I THOMAS H LEANEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: T. Leaney Date: 08/10/19
Signature

Sworn to (or affirmed) before me this 10th day of August, 2019

[Signature] Ofe. A. Flink #514
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: Sladek Jennifer L CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ (ARE YOU UNDER THE INFLUENCE?) _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

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

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

- DO YOU HAVE:
- EPILEPSY? _____
 - GLASS EYE? _____
 - FALSE TEETH? _____
 - EAR INFECTION? _____
 - INNER EAR TROUBLE? _____
 - DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

SUBJECT: Sladek, James L CASE NUMBER: _____

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 Officer Eluck of the PD6

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) [Signature]

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) [Signature]

TESTING FACILITY TASK REPORT

AGENCY: PB6

SUBJECT: Sladek, Jennifer L CASE NUMBER: 19 102713

DATE: 08/12/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 22:22 ENDING TIME: 22:37

BREATH TESTS RESULTS: 1) .282 TIME 22:22 A.M./P.M. 2) .280 TIME 22:32 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T Leung #17113

MAINTENANCE TECHNICIAN: T. M. ... #2917

TESTING OFFICER'S OBSERVATIONS

SPEECH: fluent, clear

ATTITUDE: cooperative

CLOTHING: shorts, t-shirt

MEDICAL CONDITIONS: no depression

MEDICATIONS: none

OTHER: eyes clear

Advised defendant what to expect on breath

COMMENTS: ... at ...

... at ...

A can I deny to perform breath test

A/o read I/C + A stated she understood I/C

A agreed to perform breath test.

Took read breath test results + A stated she understood

breath test results

A/o read rights + A stated she understood rights

A/o attempted Qs A + A answered to answer questions



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: 2019026184	Date: 8/11/2019
	Specialist Name/ID: LaToya Rouse / #6673