J0502315

P 1643

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

Juvenile: 1 — N

OBTS Number

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N T A 's only)
FL 502600	Palm Beach Gardens Police Department	78 - 18006351

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☑ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Weapon Seized / Type: 2 (1 Yes 2 No)

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business) WESTWOOD LAKES: GOLDEN EAGLE CIRCLE / LANE 24, PALM BEACH GARDENS, FL 33410

Location of Offense (Business Name, Address): HOOD ROAD / GOLDEN EAGLE CIRCLE, PALM BEACH GARDENS, FL 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Kauff's Towing (800) 432-7182
10/17/18	22:33					4701 East Avenue, West Palm Beach, FL 33407

DEFENDANT

Name (Last, First, Middle): Hartman, Kenneth Todd

Alias (Name, DOB, Soc Sec #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	12/11/1973	509	170	GREEN	BROWN	LGT	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): SCAR: R-WRIST

Marital Status: MARRIED — Religion: OTHER — Indication of Alcohol Influence / Drug Influence: ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt Number) (City) (State) (Zip): 5548 EAGLE LAKE DRIVE, PALM BEACH GARDENS, FL 33410 — Phone: (561) 537-6796 — Residence Type (1 City 2 County 3 Florida 4 Out of State): 1

Permenent Address (Street, Apt Number) (City) (State) (Zip): 5548 EAGLE LAKE DRIVE, PALM BEACH GARDENS, FL 33410 — Phone: ( ) — Address Source: FL DRIVER'S LICENSE

Business Address (Name, Street) (City) (State) (Zip): — Phone: ( ) — Occupation: UNEMPLOYED

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
H635518734510 FL	[redacted]		ROYAL OAK MI	USA

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other — Name (Last) (First) (Middle) — Residence Phone ( )

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 HRS / DYS 3 Incarcerated)

Released To (Name) — Relationship — Date — Time

This above address provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address ☐ Yes, by (Name) ☐ No (Reason) — School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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/Derv P Paraphernalia/ Equipment S Synthetics U Unknown Z Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence - BrAC above .15	1	☐ Y ☑ N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	1		CR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410

Court Date and Time: Month NOVEMBER Day 21 Year 18 Time 10:00 AM ☑ PM ☐

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: 10/17/18

ADMIN

HOLD for other Agency Name: — Signature of Arresting Officer: #471

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): Ofc. Cameron Carver — ID #: #471

Name Verification (Printed by Arrestee) (PRINT): OCT 18 AM 8:24

Intake Deputy — ID # — Pouch #

Transporting Officer: Ofc C Carver — ID #: #471 — Agency: PBGPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY — GREEN - STATE ATTORNEY — YELLOW - AGENCY — PINK - AGENCY — GOLD - DEFENDANT (N T A's ONLY)

NOT A CERTIFIED COPY

FILED
OCT 18 2018
SHARON R. BOCK
Clerk & Comptroller

2018CT18978AXX NB

Received WB
OCT 23 2018
SM

D.U.I PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF November 2018, AT 22:33 ☑ AM ☐ PM

SUBJECT: Hartman, Kenneth Todd CASE NUMBER: 18006351

AGENCY: Palm Beach Gardens Police Department ARRESTING OFFICER: Ofc. Cameron Carver #471

PERSONAL CONTACT

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

Upon my arrival, Officer Trudeau advised he observed a gray Ford Fusion bearing FL license plate CLQA65. The Fusion was driving at an excessive speed in a construction zone.

OBSERVATION OF DRIVER:

While speaking with Hartman, I detected the odor of alcohol coming off of his breath. I asked Hartman how much he had to drink, and he stated he had an alcoholic beverage while driving. Hartman retrieved his drink and showed me a small bottle of "Banana's" brand 99 proof 49.5% ALC. This bottle of alcohol had about 1/5 remaining. I observed Hartman to be wearing a long sleeve blue shirt, gray and white shorts and black flip-flops. Hartman's speech was normal, but soft spoken. Throughout my encounter with Hartman, he speech changed from incoherent, to mumbled, and slurred. I observed Hartman's eyes to be glassy and his pupils dilated normally.

DRIVER STATEMENTS:

During the question and answer segment, Hartman stated he began drinking at 14:00hrs on October 17, 2018 and only took four shots. However, Hartman stated he might have blacked out while at home.

ODORS: Odor of alcohol coming from breath.

GENERAL OBSERVATIONS

SPEECH: Mumbled, Slurred,

ATTITUDE: Cooperative, Emotional, Confused, Belligerent, Uncooperative, Talkative

CLOTHING: Long Sleeve Blue Shirt, Gray/White Shorts, Black Flip Flops

MEDICAL/OTHER: High-Blood Pressure

STATE OF FLORIDA
COUNTY OF PALM BEACH

C#471

(Signature of Arresting/Assisting Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of November 2018 by Ofc. Cameron Carver

who is personally known to me and/or personally known to me and/or produced identification. Type of Identification Produced _____

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

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

NOT A CERTIFIED COPY

SUBJECT: Hartman, Kenneth Todd CASE NUMBER: 18006351

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- [x] LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:
Refer to Agency PC.

WALK & TURN:

He was unable to keep balance, swayed multiple times. Hartman started prior to being directed to and was told to get back into the starting position. He complained that this task was too difficult to perform. He removed his sandals and did the task barefoot. He started on command, however stopped while performing the task. He did not touch heel-to-toe as instructed. He took normal walking strides which caused him to walk off the line to complete his 9 steps. He did not turn as instructed and demonstrated. He raised his arms more than 6in. 7/8 clues

ONE LEG STAND:

I explained and demonstrated the instructions to Hartman, who stated he understood. However, Hartman again complained that this task was too difficult to perform. I informed Hartman that I could perform the task and did so in his presence. Upon beginning the exercise, Hartman swayed while balancing. He raised his arms over six inches to keep his balance He put his foot down 3 times before the 30 seconds elapsed.I observed 3 of 4 clues, indicating impairment.

FINGER TO NOSE:

After stating he understood instructions, Hartman was commanded to begin, and he just stood there, with a blank stare in his face. He stated to me he did not know what to do. He had to be instructed multiple times on the inst. and what to do. Once he started, He did not keep his eyes closed. He failed to return arms to his side. I asked for his left, he raised both his left and right fingers. He did not touch the tip of the finger to the tip of nose.

RHOMBERG/ALPHABET:

I explained and demonstrated the instructions to Hartman, who stated he understood. He swayed more than two inches to the left/right. He incorrectly recited the alphabet by singing the alphabet.

BREATH TEST RESULTS: 0.334 BrAC at 23:34hrs and 0.339 BrAC at 23:37hrs

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STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigating Officer)

The forgoing instrument was sworn to or affirmed and subscribed before me this 18 day of November 20 18 by Ofc. Cameron Carver

who is personally known to me and/or personally known to me and/or produced identification. Type of identification produced _____

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

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

LIST OF PERSONS KNOWN TO HAVE INFORMATION

Victim: **Society**

Address: **10500 N. Military Trail, Palm Beach Gardens, FL 33410**

Phone Numbers: (Work) **(561) 799-4445** | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message.

Can Testify to:

Arresting Officer: Ofc. Cameron Carver #471

Address: **10500 N. Military Trail, Palm Beach Gardens, FL 33410**

Phone Numbers: (Work) **(561) 799-4445** | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message:

Can Testify to:

Facts of Case

Witness Name: **Ofc. Ryan Trudeau #493**

Address: **10500 N. Military Trail, Palm Beach Gardens, FL 33410**

Phone Numbers: (Work) **(561) 799-4445** | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message.

Can Testify to:

Traffic Stop / Scene Safety Officer

Witness Name:

Address:

Phone Numbers: (Work) | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message.

Can Testify to:

Witness Name:

Address:

Phone Numbers: (Work) | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message.

Can Testify to:

Witness Name:

Address:

Phone Numbers: (Work) | (Home)

If no phone, then name, address, and phone number of person whom may be contacted to leave message.

Can Testify to:

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

SUBJECT: _____ 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? W 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: _____

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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: 80-006240 Software: 8100.27
Date of Test: 10/17/2018

Date of Last Agency Inspection: 09/07/2018
Observation Period Began: 23:09
Subject's Name: KENNETH T HARTMAN DOB: 12/11/1973 Sex: M

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	23:32
Air Blank	0.000	23:32
Control Test	0.081	23:33
Air Blank	0.000	23:33
Subject Sample #1	0.334	23:34
Air Blank	0.000	23:35
Air Blank	0.000	23:37
Subject Sample #2	0.339	23:37
Air Blank	0.000	23:38
Control Test	0.080	23:38
Air Blank	0.000	23:38
Diagnostics Check	OK	23:39

Cylinder Lot: 05218080A3
Exp: 05/05/2020

State of Florida, County of Palm Beach.

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

I SUE OWEN, 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: _____ Date: 10/17/18
Signature

Sworn to (or affirmed) before me this 17th day of October 2018

_____ ofc C. Carver
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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

PBSO CASE # 18-134387 PBSO ZONE 3-15

AGENCY CASE # 18006351 CRASH CASE #

TIME OF STOP/CRASH 21:54 DATE 10/17/18 DAY Wednesday

SUBJECT'S NAME Hartman, Kenneth Todd RACE W SEX M

HGT 509 WGT 170 DOB 12/11/1973

LOCATION GOLDEN EAGLE CIRCLE / LANE 24, PALM BEACH GARDENS, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Cameron Carver #471 AGENCY PBGPD

DIVISION: Traffic Unit

NOTIFIED BY COMMO 47

ARRIVAL AT FACILITY 11:09

ARREST TIME 22:33

BREATH RESULTS:

1. .334
2. .339
3. /
4. /

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SUBJECT: _____ 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 _____ 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

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 cam / Read on Camera

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018034810	**Date:** 10/18/2018
	Specialist Name/ID: Stewart/5660