

19 CT 16439

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 19-004049		Multiple Clearance Indicator 01		
D E F E N D A N T	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						
	Location of Arrest (Including Name of Business) S ALT AIA/TP DRIVE, JUPITER FL 33477				Location of Offense (Business Name, Address) 600 S ALT AIA/ATONEY PENNA DR, JUPITER, FL 33477						
C O D E	Date of Arrest 09/08/2019	Time of Arrest 00:35	Booking Date 09/08/2019	Booking Time 00:45	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) LICATA, KEVIN				Alias (Name, DOB, Soc. Sec. #, Etc.)						
J U V E N I L E	Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 07/27/1965	Height 5'10	Weight 175	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Thin	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 15356 74TH AVE N, PALM BEACH GARDENS, FL 33418				Marital Status M		Religion		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2		
C O D E	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 15356 74TH AVE N, PALM BEACH GARDENS, FL 33418				Phone		Address Source DL				
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation				
C O D E	D/L Number, State L230500652670 / FL	Soc. Sec. Number	INS Number		Place of Birth (City, State) WPB, FL		Citizenship				
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
J U V E N I L E	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian				Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone				
C O D E	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
	Released To: (Name)		Relationship	Date	Time						
C O D E	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				
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property				
C H A R G E	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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 #			
C H A R G E	Drug Activity	Drug Type N	Amount / Unit /	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond OR		
	Charge Description						Statute Violation Number	Violation of ORD #			
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
	Charge Description						Statute Violation Number	Violation of ORD #			
I N T A K E	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		Released To		
N O T I C E	Transported By				Date Transported // : : :	Time Transported	Other				
	<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 10/09/2019 08:30:00				
T O A P P E A R	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										No Photo Available
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed 9/8/19				
A D M I N	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) BORROWS, ANDREW		I.D. # 1138		(PRINT)				
I N T A K E	Intake Officer Thomas PERA		Pouch #		Transporting Officer OFC A BORROWS		I.D. # 380		Agency JPD		Witness here if subject signed with an "X"
	PAGE 1 OF 1										

0510773

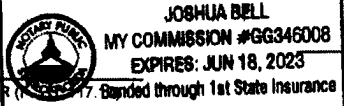

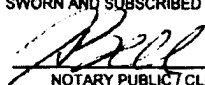
SCANNED
SEP 08 2019

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 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-004049		
Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) LICATA, KEVIN		Race W	Sex M	Date of Birth 07/27/1965
<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance				
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				
Charge Description DUI 316.193(1)		Charge Description		Victim's Name (Last, First, Middle) State Of Florida		Race	Sex	Date of Birth
Charge Description		Charge Description		Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation				
<p>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.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>8</u> day of <u>September</u>, <u>2019</u> at <u>00:13</u> (Specifically include facts constituting cause for arrest.)</p> <p>The following is a brief summary of events leading to the arrest of Kevin Licata on 9/8/2019 for the purposes of booking him into the Palm Beach County Jail. A fuller recounting will follow.</p> <p>On the above date at approximately 0013 hours I was traveling west on East Indiantown Road in the area of the East Indiantown Road Bridge in the Town of Jupiter, Palm Beach County, Florida.</p> <p>I observed a 2015 Dodge pickup bearing Florida license plate IF26YZ traveling in the middle lane in front of me. The truck swerved to the right and left its lane as another vehicle was passing it, causing that vehicle to swerve to the right to avoid a collision. The truck continued to the traffic light at East Indiantown Road and Alternate A1A. The vehicle turned south onto Alternate A1A as I prepared to initiate a traffic stop. The vehicle sped up to a radar confirmed speed of 54 miles per hour in a 45 mile per hour zone and was swerving as it traveled south. I initiated a traffic stop of the vehicle. It took an unusually long amount of time to come to a complete stop.</p> <p>I made contact with the driver, Kevin Licata. Licata had bloodshot, glassy eyes. Licata's speech was slurred. I could smell the odor of an unknown alcoholic beverage on his breath. Licata stated he'd had two or three beers.</p> <p>I had Licata exit his vehicle. Licata was generally unsteady on his feet and had problems discerning normal personal space. Licata agreed to complete roadsides. I observed all six clues of HGN. Licata became increasingly argumentative. Licata spoke over me and argued. Licata started Walk and Turn early several times ignoring my directions to stop. Licata variously stated he would or would not complete roadsides after being advised of his Taylor Warnings. Eventually Licata refused to continue. Based on my observations of Licata and his driving, I placed Licata under arrest for</p>								
SWORN AND SUBSCRIBED BEFORE ME				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT)		PAGE 1 of 2
 NOTARY PUBLIC / CLERK OF COURT / OFFICER		DATE 09/08/2019		DATE 09/08/2019				

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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 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 19-004049	
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) LICATA, KEVIN	Alias	Race W	Sex M	Date of Birth 07/27/1965
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DUI.

I transported Licata to the Palm Beach County Breath Alcohol Testing Center and conducted a 20 minute observation. Licata refused to provide a breath sample. Licata refused and I read Licata Implied Consent, which he indicated he understood. Licata refused again. I secured Licata in a holding cell while I completed my paperwork. I then booked Licata into the Palm Beach County Jail for the offense of DUI per FSS 316.193(1).

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	 JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 <small>Notarized through 1st State Insurance</small>	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT)
09/08/2019 DATE	09/08/2019 DATE	PAGE 2 OF 2

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 8th day of September, 20 19, at 0035 P.M. A.M.

DRIVER Kevin Licata
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L-230-500-65-267-0, 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 # AATBLE

That on or about the 8th day of September, 20 19, at 0128 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 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 8th day of September, 20 19,

by Ofc. A. Borrows 380 / 1138,

who is personally known to me or who has produced
PERSONALLY KNOWN as identification

Notary Public Joshua Bell

HSMV-BAR1001 (REV. 10/2016)

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.

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TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: LICATA, KEVIN

CASE NUMBER: 19-112638

DATE: 09/08/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0127

ENDING TIME: 0129

BREATH TESTS RESULTS: 1) R TIME 0128 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: TALKATIVE, COOPERATIVE

CLOTHING: GREY TEE SHIRT, BLUE SHORTS, BLACK FLIP FLOPS

MEDICAL CONDITIONS: 2 HERNIATED DISKS, LOW TESTOSTERONE

MEDICATIONS: TESTIM, CBD

OTHER: EYES: BLOODSHOT

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0106 HRS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C.

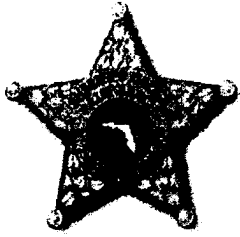
SUBJECT STATED HE UNDERSTOOD I.C. AND REFUSED TO TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER ANY QUESTIONS

REFUSED



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

PBSO CASE # 19-112638 PBSO ZONE 3-14

AGENCY CASE # 19-004049 CRASH CASE # _____

TIME OF STOP/CRASH 0013 DATE 09/08/2019 DAY Sunday

SUBJECT'S NAME Licata Kevin RACE W SEX M
LAST FIRST MID

HGT 510 WGT 175 DOB 7/27/65

LOCATION SR 811 / Toney Penna Drive

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

DIVISION: Traffic

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0106

ARREST TIME 0035

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

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

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SEP 08 2019

SUBJECT: Licata, Kevin

CASE NUMBER: 19-004049

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: OFC. A. Borrows #380/1135

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SEP 08 2019

SUBJECT: Licata, Kevin CASE NUMBER: 19-004049

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 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	<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)(f)	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"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal Information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019029217	Date: 09/08/2019
	Specialist Name/ID: howardt/7185

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