SH 0501120 PA 27066

# ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

## ADMINISTRATIVE

| Agency ORI Number | Agency Name | Agency Report Number (N.T.A.'s only) |
|---|---|---|
| | PBPD | 18-001169 |

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

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator: UK

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| 100 BLK CLAREDON AVE, PALM BEACH, FL | 100 BLK CLAREDON AVE, PALM BEACH, FL |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 08/26/18 | 0051 | | | | | 100 BLK CLAREDON AVE |

## DEFENDANT

Name (Last, First, Middle): **Boulanger, Lori Ann** | 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 | F | 04/27/1960 | 504 | 130 | GRN | BRO | LGT | SML |

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE | Marital Status: S | Religion: CATHOLIC | Indication of Alcohol Influence: Y ☑ N ☐ Unk. ☐ | Drug Influence: Y ☐ N ☑ Unk. ☐

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Residence Type (1. City 2. County 3. Florida 4. Out of State) |
|---|---|---|
| 2131 NE 1ST STREET APT 203 BOYNTON BEACH, FL 33435 | (561) 927-9953 | 2 |

| Permanent Address (Street, Apt Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| | ( ) | FL DL |

| Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation |
|---|---|---|
| | ( ) | CNA |

| DL Number, State | Soc. Sec. Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|
| B452521606470/FL | [redacted] | ROLAND, ND | US |

## 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 |
|---|---|---|---|
| | | | |

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) 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/Deriv. P Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| D.U.I. | 1 | ☐Y ☑N | 316.193 | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | | 18-001169 | | |

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

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

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

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

FILED
AUG 31 2018
SHARON R. BOCK
Clerk & Comptroller
AUG 31 AM 2:53

## NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 GUN CLUB RD, WEST PALM BEACH, FL

Court Date and Time: Month SEPTEMBER Day 27 Year 2018 Time 0830 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

## ADMIN

HOLD for other Agency Name | Signature of Arresting Officer X | Name Verification (Printed by Arrestee)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other | Name of Arresting Officer (Print) GISELLE BIDO I.D. # 9073 | (PRINT)

Intake Deputy I.D. # Pouch # | Transporting Officer GISELLE BIDO ID # 9073 Agency PBPD | 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 (NOT FOR USE ONLY)

PBSO 9148 REV. 8/97

2018CT151668AXXMB

Received WB
AUG 31 2018

NOT A CERTIFIED COPY

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31ST DAY OF AUGUST 20 18, AT 0051 ✓ AM PM

SUBJECT: Boulanger, Lori Ann CASE NUMBER: 18-001169

AGENCY: PBPD ARRESTING OFFICER: Giselle Bido

## PERSONAL CONTACT

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

**Vehicle was observed traveling at a high rate of speed on a residential street where the speed limit was posted as 25 miles an hour.**

OBSERVATION OF DRIVER:

**Boulanger had glassy red bloodshot eyes. An odor of alcohol emanated off her person. Boulanger's speech was slurred and she had difficulty keeping her balance as she exited her vehicle and walked on the street.**

DRIVER'S STATEMENTS:

**Boulanger stated she had been drinking in Boca Raton and was trying to find her friend's house in Boca Raton. Boulanger stated she was lost and did not know where she was.**

ODORS:

**Strong odor of alcohol**

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative, emotional, and angry

CLOTHING: Pink shirt, blue jeans and purple high heels

MEDICAL/OTHER: NONE

---

STATE OF FLORIDA
COUNTY OF PALM BEACH

Giselle Bido
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31ST day of AUGUST 20 18 by

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

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

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm Expires Oct 5, 2020
Bonded through National Notary Assn

NOT A CERTIFIED COPY

**SUBJECT:** Boulanger, Lori Ann **CASE NUMBER** 18-001169

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

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

**Other Observations:**

**Swayed more than 6 inches back and forth while standing.**

### WALK & TURN

**Boulanger removed her high heels to complete this task. Boulanger walked on the line without her feet touching heels to toe. She walked on the line and lost her balance multiple times, resulting in her walking off the line and to her left side. Boulanger counted to 11 when walking on the line before she turned around. She did not keep her hands at her sides and she did not attempt to touch her feet heel to toe throughout the whole task.**

### ONE LEG STAND:

**Boulanger lost her balance multiple times and put her foot down on the ground. As she stood listening to instructions she would sway back and forth 6 inches or more.**

### FINGER TO NOSE:

**While listening to instructions Boulanger would sway back and forth 6 inches or more. When directed to touch her nose, Boulanger would touch the top of her lip or miss her nose. She missed her nose on 3 occasions.**

### ROMBERG ALPHABET:

**Boulanger recited the alphabet in a rhythmic manner and stopped reciting the alphabet at "V". Boulanger swayed back and forth 6 inches or more.**

**BREATH TEST RESULTS:** .180 and .178

STATE OF FLORIDA
COUNTY OF PALM BEACH

Giselle Bido
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31ST day of AUGUST 2018 by

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

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

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm Expires Oct 5, 2020
Bonded through National Notary Assn.

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? _____ 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: _____

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)_____

# 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)_____

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: 18-001169

ARRESTING OFFICER: Giselle Bido

ADDRESS: 345 South County Rd. Palm Beach, FL 33480

PHONE NUMBERS (HOME): (561)838-5454 (WORK) _____

CAN TESTIFY TO: Arrest

NAME: CAPTAIN JOSEPH GUELLI

ADDRESS: 345 South County Rd. Palm Beach, Fl 33480

PHONE NUMBERS (HOME) (561) 838-5454 (WORK) _____

CAN TESTIFY TO: Arrest and Traffic Stop & SFST

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Arrest & SFST

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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: 80-006476 Software: 8100.27
Date of Test: 08/31/2018

Date of Last Agency Inspection: 08/10/2018
Observation Period Began: 01:15
Subject's Name: LORI A BOULANGER DOB: 04/27/1960 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 | 01:40 |
| Air Blank | 0.000 | 01:40 |
| Control Test | 0.080 | 01:41 |
| Air Blank | 0.000 | 01:41 |
| Subject Sample #1 | 0.180 | 01:43 |
| Air Blank | 0.000 | 01:44 |
| Air Blank | 0.000 | 01:45 |
| Subject Sample #2 | 0.178 | 01:47 |
| Air Blank | 0.000 | 01:48 |
| Control Test | 0.077 | 01:48 |
| Air Blank | 0.000 | 01:49 |
| Diagnostics Check | OK | 01:49 |

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

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 SAMANTHA M PALMER, 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: 8/31/18
Signature

Sworn to (or affirmed) before me this 31 day of August, 2018

_____ OFC. BIDO #9073
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*

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PBPD/BIDO

SUBJECT: BOULANGER, LORI

CASE NUMBER: 18-115214

DATE: Aug 31, 2018

VIDEO DVD NUMBER:

BEGINNING TIME: 0137

ENDING TIME: 0151

BREATH TESTS RESULTS: 1) .180 TIME 0143 A.M. ☒ P.M. ☐ 2) .178 TIME 0147 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: SLURRED

ATTITUDE: QUIET, CALM/ SNOTTY, ATTITUDE

CLOTHING: RED FLOWER BLOUSE, BLUE JEANS, RED HIGH HEELS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

**OTHER:**

EYES GLASSY & BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

**COMMENTS:**

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0115
SUBJECT AGREED TO TAKE BREATH TEST
AND SUBMITTED TWO ADEQUATE SAMPLES SUCCESSFULLY
TECH READ TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD RESULTS
A/O READ RIGHTS
A/O ATTEMPTED Q&A
SUBJECT REFUSED ANY QUESTIONING

NOT A CERTIFIED COPY



NOT A CERTIFIED COPY

PALM BEACH COUNTY
**SHERIFF'S OFFICE**
**Florida State Statute Exemption Sheet**

## Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|---|---|---|---|---|
| L/E Exemptions | ☐ | 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: | |

NOT A CERTIFIED COPY

**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2018029207 | **Date:** 8/31/2018 |
| | **Specialist Name/ID:** M. Tooks #8557 |