

0499199

180710886 119

|  |  |   |  |  |  |   |   |  |          |  |  |
|--|--|---|--|--|--|---|---|--|----------|--|--|
| OBTS Number  |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                       |  |  | 1. Arrest<br>2. N.T.A.   |   | 3. Request for Warrant<br>4. Request for Capias |  | Juvenile |  |  |
| Agency ORI Number<br>FLD, 5, 0, 0, 0, 0, 0   |  | Agency Name<br>BOCA RATON P.D.<br>PALM BEACH COUNTY SHERIFF'S OFFICE        |  |  | Agency Report Number (N.T.A.'s only)<br>06-118-0018386111                      |   |   |  |          |  |  |
| Charge Type:<br>Check as many as apply:  |  | 1. Felony<br>2. Traffic Felony  |  | 3. Misdemeanor<br>4. Traffic Misdemeanor   |  | 5. Ordinance<br>6. Other  |   | If Weapon Seized<br>Enter Type           |          | Multiple Clearance Indicator   |  |
| Location of Arrest (Including Name of Business)<br>101 Plaza Real, Boca Raton, FL  |  |   |  |  | Location of Offense (Business Name, Address)<br>101 Plaza Real, Boca Raton, FL |   |   |  |          |  |  |
| Date of Arrest<br>06.20.18   |  | Time of Arrest<br>2:45  |  | Booking Date<br>6/20/18  |  | Booking Time  |   | Jail Date                                |          | Jail Time  |  |
| Name (Last, First, Middle)<br>Hickey, Michael, Joseph  |  | Alias (Name, DOB, Soc. Sec. #, Etc.)<br>Emerald Towing                      |  |  |  |   |   |  |          |  |  |
| Race<br>W - White<br>B - Black   |  | Sex<br>M  |  | Date of Birth<br>06.17.81  |  | Height<br>6'2"  |   | Weight<br>230                            |          | Eye Color<br>Bro   |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)  |  | Marital Status<br>S   |  | Religion<br>N/A  |  | Indication of Alcohol Influence<br>Drug Influence                       |   | Y N Unk                                  |          | Build<br>Large   |  |
| Local Address (Street, Apt. Number)<br>5509 N. Military Ter, Boca Raton, FL 33496 (504)  |  | (City)  |  | (State)  |  | (Zip)   |   | Phone<br>860-286-9814                    |          | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State |  |
| Permanent Address (Street, Apt. Number)<br>5509 N. Military Ter, Boca Raton, FL 33496 (504)  |  | (City)  |  | (State)  |  | (Zip)   |   | Phone<br>860-286-9814                    |          | Address Source<br>Verbal   |  |
| Business Address (Name, Street)  |  | (City)  |  | (State)  |  | (Zip)   |   | Phone                                    |          | Occupation   |  |
| D/L Number, State<br>H-200-550-81-217-0  |  | Soc. Sec. Number  |  | INS Number   |  | Place of Birth (City, State)<br>Hartford, CT                            |   | Citizenship<br>U.S.                      |          |  |  |
| Co-Defendant (Last, First, Middle)   |  | Race  |  | Sex  |  | Date of Birth   |   | 1. Arrested<br>2. At Large               |          | 3. Felony<br>4. Misdemeanor<br>5. Juvenile                               |  |
| Co-Defendant (Last, First, Middle)   |  | Race  |  | Sex  |  | Date of Birth   |   | 1. Arrested<br>2. At Large               |          | 3. Felony<br>4. Misdemeanor<br>5. Juvenile                               |  |
| Parent<br>Legal Custodian<br>Other:  |  | Name (Last)   |  | (First)  |  | (Middle)  |   | Residence Phone                          |          | ( )  |  |
| Address (Street, Apt. Number)  |  | (City)  |  | (State)  |  | (Zip)   |   | Business Phone                           |          | ( )  |  |
| Notified by: (Name)  |  | Date  |  | Time   |  | Juvenile Disposition<br>1. Handled/Processed within Dept. and Released. |   | 2. TOT HRS/DYS                           |          | 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 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. |  | Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Description of Property  |  | Value of Property   |   | School Attended                          |          | Grade  |  |
| Drug Activity<br>N. N/A<br>P. Possess  |  | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use   |  | K. Disperse/<br>Distribute  |   | M. Manufacture/<br>Produce/<br>Cultivate |          | Z. Other   |  |
| Drug Type<br>N. N/A<br>A. Amphetamine  |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                   |  | H. Hallucinogen<br>M. Marijuana<br>D. Opium/Deriv.   |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic                          |   | U. Unknown<br>Z. Other                   |          |  |  |
| Charge Description<br>DUE  |  | Counts<br>1   |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N   |  | Statute Violation Number<br>3161193                                     |   | Violation of ORD #                       |          |  |  |
| Drug Activity<br>N   |  | Drug Type<br>N  |  | Amount / Unit  |  | Offense #   |   | Warrant / Capias Number                  |          | Bond   |  |
| Charge Description   |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N   |  | Statute Violation Number  |   | Violation of ORD #                       |          |  |  |
| Drug Activity  |  | Drug Type   |  | Amount / Unit  |  | Offense #   |   | Warrant / Capias Number                  |          | Bond   |  |
| Charge Description   |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N   |  | Statute Violation Number  |   | Violation of ORD #                       |          |  |  |
| Drug Activity  |  | Drug Type   |  | Amount / Unit  |  | Offense #   |   | Warrant / Capias Number                  |          | Bond   |  |
| Charge Description   |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N   |  | Statute Violation Number  |   | Violation of ORD #                       |          |  |  |
| Drug Activity  |  | Drug Type   |  | Amount / Unit  |  | Offense #   |   | Warrant / Capias Number                  |          | Bond   |  |
| Location (Court, Room Number, Address)<br>200 W. Atlantic Ave, Delray Bch, FL  |  | Court Date and Time<br>Month July Day 23rd Year 2018 Time 0830 (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<br>X [Signature] 747                         |  | Name Verification (Printed by Arrestee)  |  | Name of Arresting Officer (Print)<br>Van Camp                           |   | I.D. #<br>Boca Raton                     |          | PAGE   |  |
| Intake Agency<br>Thomas [Signature]  |  | I.D. #  |  | Pouch #  |  | Transporting Officer<br>Van Camp  |   | I.D. #<br>747                            |          | Agency<br>Boca Raton   |  |
| Witness here if subject signed with an "X"   |  |   |  |  |  |   |   |  |          | OF   |  |

ED 2018

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20<sup>th</sup> DAY OF June 20 18 AT 9:45 AM PM

SUBJECT: Michael Hickey CASE NUMBER: 18-8386

AGENCY: Boca Raton Police Dept ARRESTING OFFICER: VanCamp

## PERSONAL CONTACT

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

Crash Front to Rear Accident  
Two witnesses and admission to driving  
Disoriented/Not sure what happened

OBSERVATION OF DRIVER: - Mumbling words  
- Smacking to mask the odor of Alcohol  
- Nervous  
- Confused  
- Making inconsistent statements

DRIVER'S STATEMENTS: Advised he drank 4 Beers  
Takes Xanax for anxiety  
Confused about the accident

ODORS: Odor of alcoholic Beverage

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Nervous/Confused

CLOTHING: Normal

MEDICAL/OTHER: None

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 20<sup>th</sup> day of June 20 18 at of VanCamp

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

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



JUN 2

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:

WALK & TURN: Didn't maintain starting position

- Not looking at feet
- Hands behind Back while walking
- Lost Balance
- No Heel to Toe on almost every step

ONE LEG STAND:

Swaying  
 lost Balance  
 Unable to maintain  
 using Arms  
 Stopped twice before being instructed to  
 Started Exercise over.

INGER TO NOSE:

- L - Held Finger to Nose
- R - Missed tip of Nose
- L - No Issue
- R - Missed tip of Nose
- R - used Left finger
- L - Missed tip of Nose

ROMBERG/ALPHABET:

Mumbled words  
 Incorrect alphabet

BREATH TEST RESULTS: Refusal

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was witnessed or sworn before me this 20 day of June 2015 by J. Van Camp

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

Notary Public, Clerk of Court, Officer (F.S. 117)



SUBJECT: Hickey III, Michael Joseph CASE NUMBER: 2018-8356

## 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 ofc Van Camp of the Boca Raton P.D.

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

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Hickey III, Michael Joseph CASE NUMBER: 2018-8356

## 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: \_\_\_\_\_

WHITE - STATE ATTY.   YELLOW - DHSMV   PINK - CENTRAL RECORDS   GOLD - JAIL

# TESTING FACILITY TASK REPORT

AGENCY: Boca Raton P.D.

SUBJECT: Hickey III, Michael Joseph CASE NUMBER: 18-088347

DATE: 6/20/18 VIDEO TAPENUMBER: N/A

BEGINNING TIME: 2248 ENDING TIME: 2253

BREATH TESTS RESULTS: **REFUSED**  
1) TIME 2252 A.M./P.M. 2) TIME \_\_\_\_\_ A.M./P.M.  
3) TIME \_\_\_\_\_ A.M./P.M. 4) TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: quiet, Co-operative

CLOTHING: brown loafers, jeans, blue top

MEDICAL CONDITIONS: None, anxiety

MEDICATIONS: None about 10 AM & 3:30 PM

OTHER: Δ in accident per s/o

Δ allowed to go to bathroom during observation

COMMENTS: A/s/o arrived at 2228 hrs

A/s/o observed 20 minutes

A/s/o requested breath test, Δ refused

A/s/o read I/C, Δ wasn't sure, A/s/o reread,

Δ refused. A/s/o read c/w Δ understood

NOT A REPRODUCIBLE COPY

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
**BREATH AND/OR URINE TEST**

I, Officer VanCamp, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Dept, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 20<sup>th</sup> day of June, 20 18, at 0945  P.M.  A.M.

DRIVER Michael Joseph Hickey,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H200-550-81-217-0, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc VanCamp and  
(Name of Arresting Officer)

issued Citation # \_\_\_\_\_

That on or about the 20<sup>th</sup> day of June, 20 18, at 2252 P.M.  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]  
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 \_\_\_\_\_

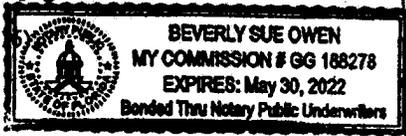
Title \_\_\_\_\_

Date \_\_\_\_\_

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this 20<sup>th</sup> day of June, 20 18,  
by Ofc VanCamp,  
who is personally known to me or who has produced

\_\_\_\_\_ as identification  
Notary Public [Signature]

HSMV-BAR1001 (REV. 10/20)



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.



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

PBSO CASE # 18-088347 PBSO ZONE 7-11

AGENCY CASE # 2018-8386 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2130 DATE 6-20-18 DAY Wednesday

SUBJECT'S NAME Michael Hickey RACE W SEX M

HGT 6'2 WGT 230 DOB 06 / 17 / 1981

LOCATION 101 Plaza Real, Boca Raton

ARRESTING OFFICER'S NAME & ID Van Camp #797 AGENCY Boca Raton PD

DIVISION: \_\_\_\_\_

NOTIFIED BY COMMO yes

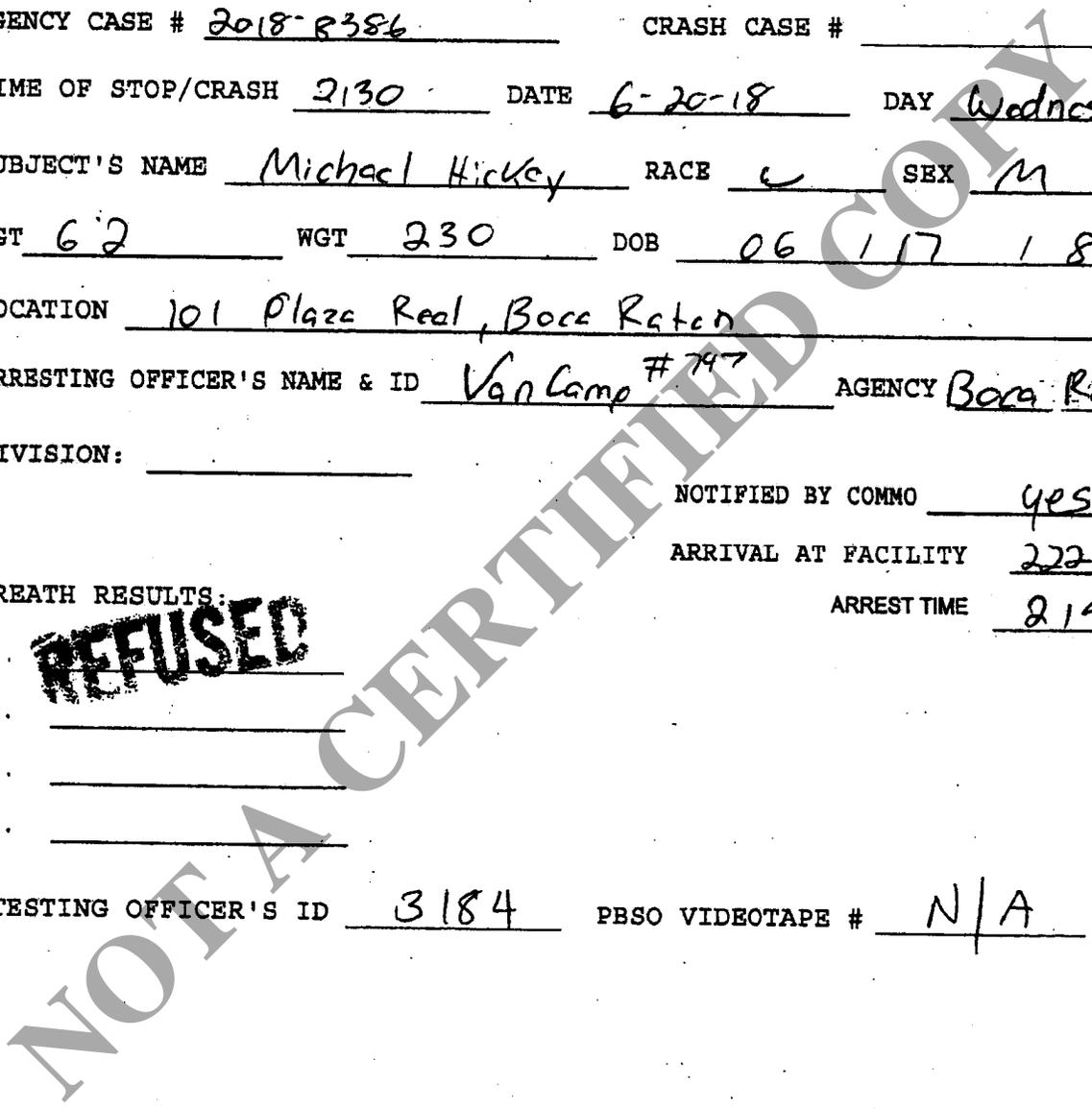
ARRIVAL AT FACILITY 2228

ARREST TIME 2149

BREATH RESULTS:

1. **REFUSED**
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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





**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),<br>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),<br>(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),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.   |                |
|   | <input type="checkbox"/>            |   |  |                |
| Other   | <input type="checkbox"/>            |   | Other:   |                |
|   | <input type="checkbox"/>            |   | Other:   |                |

**REVIEW COMPLETED BY**

|                                   |   |
|-----------------------------------|---|
| <b>Booking Number:</b> 2018020576 | <b>Date:</b> 6/21/2018                    |
|                                   | <b>Specialist Name/ID:</b> M. Tooks #8557 |