

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

1901158580

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 19-013472	1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	JUVENILE					
D E F E N D A N T	Charge Type: Check as many as apply	1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized		Multiple Clearance Indicator 2					
	Location of Arrest (Including Name of Business) I-95/W ATLANTIC AVE DELRAY BEACH FL						Location of Offense (Business Name, Address) I-95/W ATLANTIC AVE, DELRAY BEACH, FL 33444								
C O D E F J U V E N I L E	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle								
	08/25/2019	01:23	08/25/2019	01:33											
	Name (Last, First, Middle) KNAPP, MILES ELIOT						Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White 1 - American Indian B - Black O - Oriental/Asian						Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	
							W	M	10/23/1993	5'11	180	BLUE	BLOND OR	FAIR	MEDIUM
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>						
							S	NOT INDICA							
	Local Address (Street, Apt. Number) 3820 LOWSON BLVD, DELRAY BEACH, FL 33445						(City)	(State)	(Zip)	Phone (561) 279-5557					
	Permanent Address (Street, Apt. Number) 3820 LOWSON BLVD, DELRAY BEACH, FL 33445						(City)	(State)	(Zip)	Phone (561) 279-5557					
	Business Address (Name, Street)						(City)	(State)	(Zip)	Address Source FL DL					
DL Number, State K510545933830 / FL						Soc. Sec. Number	INS Number	Place of Birth (City, State) DELRAY BEACH, FL,		Citizenship US		Occupation Private Chef			
C O D E F	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				
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
J U V E N I L E	Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)						Residence Phone								
	Legal Custodian <input type="checkbox"/> Name (Last, First, Middle)						Business Phone								
	Address (Street, Apt. Number)						(City)	(State)	(Zip)						
	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							
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 O D E	Drug Activity N. N/A S. Sell R. Smuggle K. Disperse/Distribute M. Manufacture/Produce/Cultivate Z. Other P. Possess B. Buy D. Deliver E. Use						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-ACCOMPANIED BY PERSON UNDER 18 YOA						Statute Violation Number 316.193(4)		Violation of ORD #						
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond						
	N	N	/	I	I	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			OR						
C H A R G E	Charge Description VEH OPER/REVOKED/SUSP LICENSE 1ST OFFENSE						Statute Violation Number 322.34(2A)		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond						
	N	N	/	I	I	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			OR						
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								
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		Released By		Released To				
Transported By						Date Transported	Time Transported	Other							
N O T I C E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444								
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court						Court Date and Time 09/23/2019 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.														
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed								
A D M I N	HOLD for Other Agency						Signature of Arresting Officer [Signature]		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) BONET, LUIS C		I.D. # 1148		(PRINT) AUG 25 04 41:13				
Make Deputy [Signature] I.D. # 7627 Branch #						Transporting Officer BONET		I.D. # 1148		Agency DELR		PAGE 1 OF 1			
Witness here if subject signed with an "X".															

0468746

AUG 27 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25th DAY OF August 20 19, AT 0103 AM PM
SUBJECT: Miles Knapp CASE NUMBER: 19-013472
AGENCY: Delray Beach PD ARRESTING OFFICER: Bonet 1148

PERSONAL CONTACT

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

On August 25th, 2019, I observed a white Infiniti Q50 (FL Tag Z10AFV) traveling westbound on W Atlantic Ave. I ran the tag and it came back that the registered owner, Miles Knapp, had a suspended license from 6/25/19 for failure to pay a traffic fine. I observed a white male in the driver seat that matched the description of the registered owner and conducted a traffic stop. The driver stated that he was the registered owner of the vehicle, Miles Knapp.

OBSERVATION OF DRIVER:

Knapp appeared impaired, had slow comprehension, slurred and mumbled his speech, and swayed during the roadside tasks. Knapp had bloodshot and glassy eyes and had droopy eyes.

DRIVER'S STATEMENTS:

Knapp stated that he was coming from Mussel Beach and Tin Roof on E Atlantic Ave. Knapp stated that he had a couple drinks at Mussel Beach and then had one drink at Tin Roof. Knapp then stated that he only had two Budweiser beers.

ODORS:

The odor of an unknown alcoholic beverage was emanating from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred and mumbled
ATTITUDE: Uncomprehensive
CLOTHING: White polo, black pants, and black sneakers

MEDICAL/OTHER: N/A

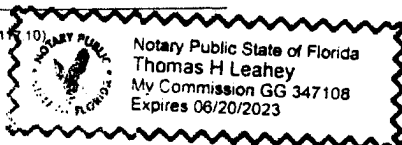
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of August 20 19 by Bonet 1148

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

Notary Public, Clerk of Court, Officer (F.S.S. 11-10)



SCANNED
AUG 27 2019

SUBJECT: Miles Knapp

CASE NUMBER 19-013472

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:

Knapp was swaying during the exercise and had to be reminded numerous times to follow the stimulus with his eyes only.

WALK & TURN:

Knapp did not make a small turn and instead walked back for his second round of nine steps. Knapp also was swaying at the beginning of the exercise.

ONE LEG STAND:

Knapp counted 1015 twice and put his foot down two times during the exercise.

FINGER TO NOSE:

Knapp did not touch the tip of his nose any of the times and raised his left hand slightly even though he was instructed to raise his right hand.

ROMBERG ALPHABET:

Knapp swayed during the exercise.

BREATH TEST RESULTS: 1) .193 2) .186 3) N/A 4) N/A

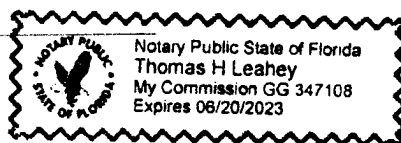
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of August 2019 by Bonet 1148

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

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



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AUG 27 2019

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: 08/25/2019

Date of Last Agency Inspection: 08/16/2019

Observation Period Began: 01:44

Subject's Name: MILES E KNAPP

DOB: 10/23/1993 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	02:08
	Air Blank	0.000	02:09
	Control Test	0.080	02:09
	Air Blank	0.000	02:10
	Subject Sample #1	0.186	02:10
	Air Blank	0.000	02:11
	Air Blank	0.000	02:13
	Subject Sample #2	0.193	02:13
	Air Blank	0.000	02:14
	Control Test	0.080	02:15
	Air Blank	0.000	02:15
	Diagnostics Check	OK	02:15

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 LEAHEY, 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. July Date: 08/25/19

Signature

Sworn to (or affirmed) before me this 25th day of August, 2019

Signature of Notary Public-State of Florida

Ofc L Bonet #1148
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.



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

PBSO CASE # 19-107975 PBSO ZONE 4-11

AGENCY CASE # 19-13472 CRASH CASE # _____

TIME OF STOP/CRASH 0103 DATE 8/25/19 DAY Sunday

SUBJECT'S NAME Knapp, Miles RACE W SEX M

HGT 5'11" WGT 175 DOB 10/23/1993

LOCATION I-95/W Atlantic Ave

ARRESTING OFFICER'S NAME & ID Bonet 1148 AGENCY ~~PBSO~~ Delray Beach

DIVISION: Road Patrol

NOTIFIED BY COMMO yes

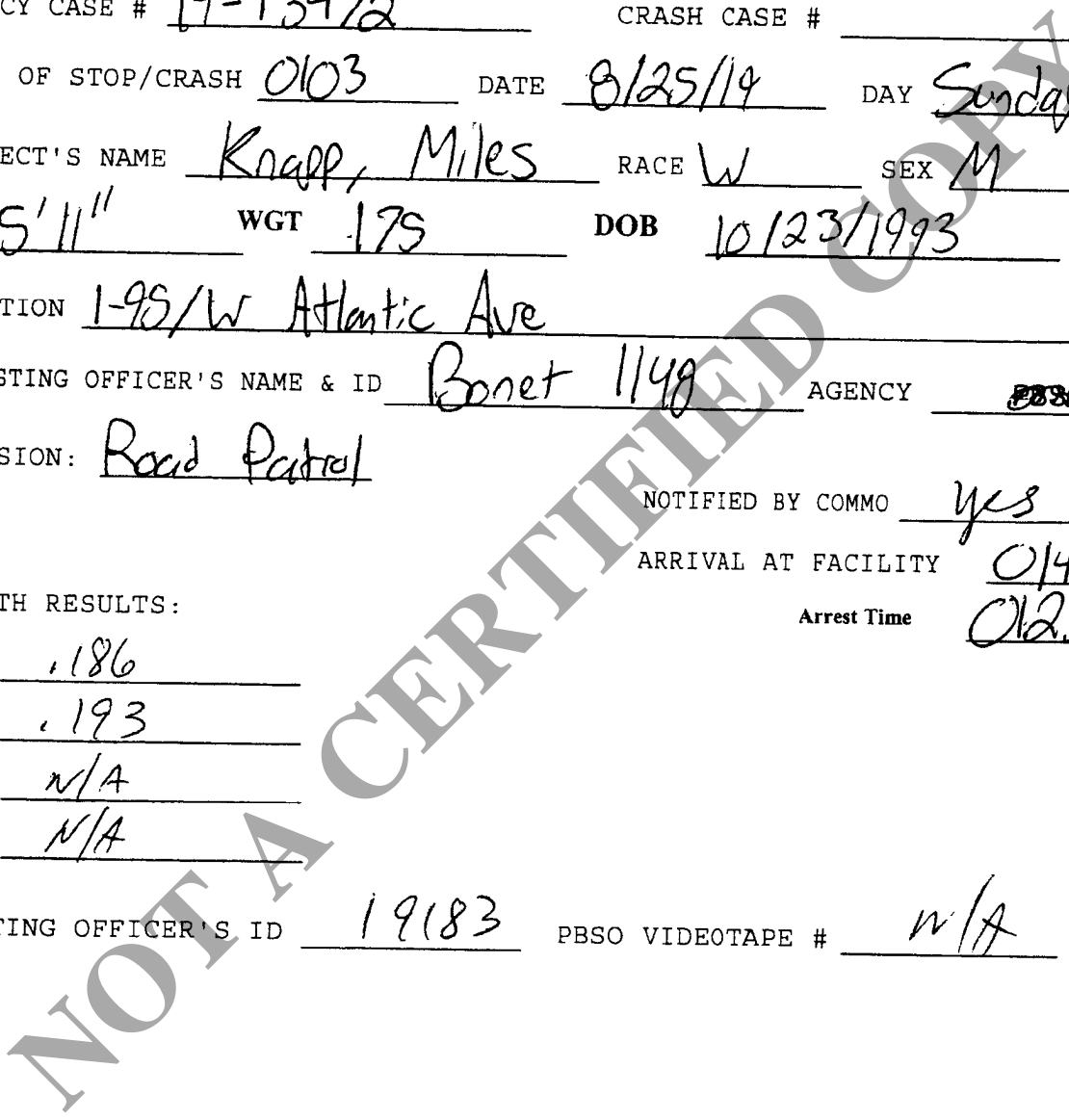
ARRIVAL AT FACILITY 0144

Arrest Time 0123

BREATH RESULTS:

- 1. .186
- 2. .193
- 3. n/a
- 4. N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # n/a



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 AUG 27 2019

TESTING FACILITY TASK REPORT

AGENCY: DBPD
SUBJECT: Knapp, Miles E CASE NUMBER: 19-107975
DATE: 02/25/19 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 02:06 ENDING TIME: 02:22
BREATH TESTS RESULTS: 1) .186 TIME 02:10 A.M./P.M. 2) .193 TIME 02:13 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: J Leakey #19183
MAINTENANCE TECHNICIAN: J Kuzlecko #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, deliberate, slurred
ATTITUDE: calm, cooperative
CLOTHING: black pants, white polo shirt, black sneakers
MEDICAL CONDITIONS: None
MEDICATIONS: None

OTHER: eyes glass, bloodshot
odor of unburnt alcoholic beverage on breath
Δ stated he had 2 drinks - G+A
COMMENTS: arrived at center ALO conducted 30 minute
observation period at 01:44 hrs

Δ agreed to perform breath test
Technician read breath test results & Δ stated he understood
breath test results
ALO read rights & Δ stated he understood rights
ALO conducted Q+A
Δ answered questions

SCANNED
AUG 27 2019

WITNESS LIST

CASE NUMBER: 19-013472

ARRESTING OFFICER: Ofc. Bonet 1148

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: Traffic Stop and Observations.

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
AUG 27 2019

Subject: Knapp, Miles E

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 175th Ave

DIRECTION OF TRAVEL? N WHERE DID YOU START? 175th Ave

WHAT TIME DID YOU START? 10:00 AM WHAT TIME IS IT NOW? 11:00 AM

WHAT IS TODAY'S DATE? 8-27-19 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? 24th St, 100

WHEN DID YOU LAST EAT? 10:00 AM WHAT DID YOU EAT? Breakfast

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

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 2 cans WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 1:00 PM AND YOUR LAST DRINK? 11:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Shot

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? No

WHAT? No WHERE? No WHEN? No

WHAT LINE OF WORK ARE YOU IN? Police WHEN DID YOU LAST WORK? 8:00 AM

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? No

ARE YOU SICK OR INJURED? No WHAT'S WRONG? No

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? No

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? No WHY? No

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? No WHEN? No

- 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? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? No

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? No

INTERVIEWER: Wood 1149

SCANNED
AUG 27 2019

SUBJECT: Krupp, Mike E 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) Read in camera

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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: 2019027804	Date: 08/26/2019
	Specialist Name/ID: AM/31562

SCANNED
 AUG 27 2019