

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

19 CT - 1782
1 Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

01
Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 19-116346	
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		Weapon Seized / Type 1. Yes 2. No 02	
Location of Arrest (Including Name of Business) 8100 Block of S. Military Trail, Boynton Beach, FL 33436		Location of Offense (Business Name Address) 8100 Block of S. Military Trail, Boynton Beach, FL 33436					
Date of Arrest 09/18/2019	Time of Arrest 02:24	Booking Date 09/18/2019	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Mendoza, Moises,							
Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 10/06/1979	Height 5'05	Weight 170	Eye Color Brown	Hair Color Black	Complexion Dark
Build Heavy		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Mental Status Single	Religion CHRISTIAN	Indication of Alcohol/Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) 10113 Sandy Hallow Ln Unit 508, Bonita Springs, FL 34135				Phone (239) 913-9154		Residence Type 1. City 2. County 3. Florida 4. Out of State 03	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source Verbal	
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
D/L Number, State MS32540793660, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Aguacatan, Guatemala	
Citizenship Guatemala		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone		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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
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 Description DUI		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 19-116346	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <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 <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 <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) South County Courthouse - 200 W. Atlantic Ave, Delray Beach FL 33444							
Court Date and Time Month October Day 7 Year 2019 Time 8:30 AM <input checked="" type="checkbox"/> 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) <i>Memo...</i>				Date Signed 09/18/2019			
HOLD for other Agency Name		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S Ryan Dalton #32421		I.D. #	
Transporting Officer D/S Ryan Dalton		I.D. # 32421		Agency PBSO		PAGE 01 OF 01	

0511061

SCANNED
P# 3871 SEP 18 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF September 20 19, AT 01:54 AM PM

SUBJECT: Mendoza, Moises, CASE NUMBER: 19-116346

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Ryan Dalton #32421

PERSONAL CONTACT

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

I was dispatched to a suspected drunk driver call, called in by a concerned citizen. The caller, Christopher Storey, stated that he had observed a white pickup truck traveling southbound near the 8100 Block of S. Military Trail in unincorporated Palm Beach County. The caller said that he observed the vehicle had been swerving across numerous lanes, had been driving very slowly, and he had observed it strike the curb. The caller followed the pickup to where it stopped at the 7-Eleven at 4948 Le Chalet Blvd and provided a sworn witness statement. Sgt. A. Lin # 7567 was already in the plaza of the 7-Eleven, heard the call come out, and observed male driver as he was getting out of the white pickup truck. I arrived on scene shortly thereafter and observed a white Ford F-150 bearing Florida tag LZRJ31 at a gas pump of the 7-Eleven. I also observed the witness, Mr. Storey, in the parking lot. As Sgt. Lin spoke to the driver, I made contact with witness and confirmed what he had observed and reported to dispatch. He stated that the driver had been swerving driving under the speed limit, stopped at blinking yellow lights, and had struck a curb (drove up onto it). He pointed out the Hispanic male that was standing with Sgt. Lin as the driver and sole occupants of the F-150.

OBSERVATION OF DRIVER:

Sgt. Lin stated that he had observed the driver exit the vehicle and that the driver had stumbled and staggered as he walked. I then made contact with the driver who was identified as Mr. Moises Mendoza via his Florida driver's license (DL # M532-540-79-366-0). As I spoke to Mr. Mendoza, I could smell the strong odor of an unknown alcoholic beverage coming from his breath/mouth area. His speech (with accent) was distinctly slurred and his eyes were bloodshot/watery. He appeared to sway as he stood in front of me and began to speak. Based on the driving pattern observed by the witness, and the numerous indicators of impairment that I had observed during my interaction with him, I asked Mr. Mendoza if he would perform field sobriety exercises; he stated that he would. D/S Graveran # 30562 was also on scene to assist with translation when necessary. Mr. Mendoza was fluent in both English and Spanish, however Spanish was his first language and I wanted to ensure that a Spanish speaking Deputy (D/S Graveran) was there to assist in the event that Mr. Mendoza had any questions or needed further explanation of the exercises in Spanish. The area where the exercises were attempted was level, clear of debris, and well lit. There was a clearly marked line used as well. Mr. Mendoza confirmed that he did not have any medical problems, he was not diabetic, and he had no injuries.

DRIVER'S STATEMENTS:

Driver seemed confused and disoriented as to where he was. He acknowledged that he had drank "three" beers this evening. Post-arrest, he made numerous spontaneous and unsolicited utterances about how he made a mistake and that "the law is the law." After the breath test he was read his Miranda Rights, confirmed he understood, and continued to speak with me. He then provided a post-Miranda confession that he had drank seven beers and had been driving up to the point where we had made contact with him. He apologized and said that he understood that I am doing my job.

ODORS:

Strong odor of unknown alcoholic beverage coming from his breath/mouth area.

GENERAL OBSERVATIONS

SPEECH: Accent; slurred

ATTITUDE: Polite, cooperative

CLOTHING: Black shirt, black jeans, sandals

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

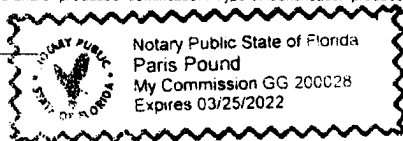
D/S Ryan Dalton #32421

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of September 20 19 by D/S Ryan Dalton #32421

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

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



SCANNED
SEP 18 2019

SUBJECT: Mendoza, Moises,

CASE NUMBER 19-116346

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

I also observed that Mr. Mendoza exhibited a sway as he stood in front of me. I had to repeatedly instruct him to not move his head and to continue to follow the light with his eyes. Mr. Mendoza would often stop looking at the light or look past it and I would have to tap the top of the light to regain his focus/attention on it. I continued to smell the strong odor of an alcoholic beverage coming from his breath as he stood in front of me.

WALK & TURN:

I explained and demonstrated the exercise to Mr. Mendoza who acknowledged that he understood. For this exercise he was given the choice of attempting it with or without his sandals on; he chose to perform it without the sandals. Mr. Mendoza was wearing white socks and the ground was clear of debris. As I explained the exercise I observed that he was unable to maintain his balance and would repeatedly get out of the starting position. He would sway, raise his arms, and then step out of the starting position during the instructional phase. During the course of the exercise Mr. Mendoza also exhibited the following clues of impairment: he missed heel-to-toe on several steps; he stepped off the line multiple times; he took the incorrect number of steps (11 in one direction); and he improperly performed the turn-around. When he stepped off the line, he also raised his arms to regain balance and he appeared to pause on some of his steps. He appeared very unsteady on his feet as he attempted the exercise.

ONE LEG STAND:

I then asked Mr. Mendoza to perform the One-Leg Stand. I explained and demonstrate the exercise; he confirmed that he understood. For this exercise he also kept his sandals off and performed it in his socks. Once he began the exercise I observed the following clues of impairment: he swayed while balancing and he put his foot down multiple times. He was unable to keep his foot at the appropriate height for more than a few seconds at a time.

FINGER TO NOSE:

I explained and demonstrated the exercise to Mr. Mendoza who acknowledged that he understood. While standing in front of me, I noticed that he continued to sway back and forth. Once the exercise began Mr. Mendoza exhibited the following: did not keep eyes closes throughout the exercise and he completely missed his nose on the first attempt. It also appeared that he did not touch the tip of his finger to the tip of his nose on each attempt; he would use the pad of his finger as he tried to connect the finger to the nose.

MODIFIED ROMBERG:

The last exercise I asked Mr. Mendoza to perform was the Modified Rhomberg. For this exercise I asked that he stand with his feet together and his hands by his side. I then instructed Mr. Mendoza that for the exercise, he would need to tilt his head back, close his eyes, and estimate the passage of 30 seconds in his head. Once that time had elapsed, to lean his head forward, open his eyes, and say "Stop" to indicate to me that he was done. D/S Graveran assisted with explaining it in Spanish as well so that he fully understood. Mr. Mendoza confirmed that he understood the exercise prior to beginning. When he performed that exercise I observed that approximately 24 seconds had elapsed when he indicated that he was done. He also swayed back and forth during the exercise.

BREATH TEST RESULTS: .170 .172

STATE OF FLORIDA
COUNTY OF PALM BEACH

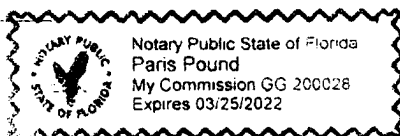
D/S Ryan Dalton #32421

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of September 2019 by D/S Ryan Dalton #32421

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

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



SCANNED
SEP 18 2019

TESTING FACILITY TASK REPORT

AGENCY: PPD

SUBJECT: MILWAUKEE DISTRICT CASE NUMBER: 11-110740

DATE: 01/10/11 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 08:21 ENDING TIME: 08:44

BREATH TESTS RESULTS: 1) .172 TIME 08:21 A.M./P.M. 2) .172 TIME 08:21 A.M./P.M.
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: 11/15/06 # 1462

MAINTENANCE TECHNICIAN: 11/15/06 # 1462

TESTING OFFICER'S OBSERVATIONS

SPEECH: COHERENT

ATTITUDE: COOPERATIVE

CLOTHING: WORN

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: NO OTHER OBSERVATIONS

COMMENTS: NO OTHER COMMENTS

NOT A CERTIFIED COPY

SCANNED
SEP 18 2019

SUBJECT: MINOR/MOZSUS CASE NUMBER: 11-110346

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) [Signature] **SCANNED**

SEP 18 2019

SUBJECT: 111 11111 111111 CASE NUMBER: 11 11111

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? _____

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? Yes WHAT? Beer

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? 7 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? Yes

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? Yes 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? Yes 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? Yes

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? _____

INTERVIEWER: W. J. ...

SCANNED
SEP 18 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: 80-006240 Software: 8100.27
Date of Test: 09/18/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 03:05
Subject's Name: MOISES MENDOZA

DOB: 10/06/1979 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	03:30
	Air Blank	0.000	03:31
	Control Test	0.081	03:31
	Air Blank	0.000	03:32
	Subject Sample #1	0.170	03:32
	Air Blank	0.000	03:33
	Air Blank	0.000	03:34
	Subject Sample #2	0.172	03:35
	Air Blank	0.000	03:35
	Control Test	0.081	03:36
	Air Blank	0.000	03:36
	Diagnostics Check	OK	03:36

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 PARIS D POUND, 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: _____

Signature

Date: 09/18/19

Sworn to (affirmed) before me this 18th day of September 2019

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.



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"/>	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: 2019030444	Date: 09/18/2019
	Specialist Name/ID: howardt/7185

SCANNED
SEP 18 2019