

21CT21515 NB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 Juvenile N

OBTS Number		Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number <b>78 - 21005957</b>				
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 2 1. Yes 2. No		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business) <b>N. Military Tri/Burns Rd. PBG, FL</b>				Location of Offense (Business Name, Address) <b>10000-BLK Alternat A1A PBG, FL</b>						
Date of Arrest <b>12/30/2021</b>	Time of Arrest <b>02:52</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>4701 East Ave. WPB, FL</b>				
Name (Last, First, Middle) <b>Goldstein, Mark, A</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/25/1972</b>	Height <b>6'00"</b>	Weight <b>175</b>	Eye Color <b>Blue</b>	Hair Color <b>Bald</b>	Complexion <b>Light</b>	Build <b>Large</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Tattoo: Skull and cross bones (Chest)</b>				Marital Status <b>single</b>	Religion <b>none</b>	Indication of Alcohol Influence Drug Influence Y N <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>4310 Randolph Way Apt. 136 Palm Beach Gardens FL 33410</b>				Phone <b>(347) 300-6908</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>4310 Randolph Way Apt. 136 Palm Beach Gardens FL 33410</b>				Phone		Address Source <b>Verbal</b>				
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation <b>Night Auditor</b>				
D/L Number, State <b>B314403 OR</b>		Soc. Sec. #		INS Number		Place of Birth (City, State) <b>Fort Dix, NJ</b>		Citizenship <b>US</b>		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input checked="" 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:		Name (Last) (First) (Middle)		Residence Phone		Business Phone				
Address (Street, Apt. Number) (City) (State) (Zip)				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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						
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/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>DUI - Breath Above .15</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(4)</b>		Violation of ORD #				
Drug Activity <b>N/A</b>	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 PH: (561) 662-6700</b>										
Court Date and Time Month <b>February</b> Day <b>2</b> Year <b>2022</b> Time <b>10:00</b> AM										
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 <b>12/30/2021</b>										
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed						
HOLD for other Agency Name:		Signature of Arresting Officer <b>James Lovett</b>		Name Verification (Printed by Arrestee) <b>James Lovett</b>						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>James Lovett</b>		I.D. # <b>523</b>				
Int. Deputy <b>Det. H. O'Nea</b>		ID # <b>523</b>		Agency <b>PBPGD</b>		PAGE <b>1</b> OF <b>1</b>				
Witness here if subject signed with an "X"										

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

J# 0528395

PH 1270

# D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 30 day of December 2021 at 02:31  AM  PM

Subject: Goldstein, Mark, A Case Number: 21005957

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: James Lovett 523

## PERSONAL CONTACT

**DRIVING PATTERN:** (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

I was conducting a traffic enforcement, in the area of the 10000 block of Alt A1A, Palm Beach Gardens, FL, when a vehicle was observed traveling at an increased rate of speed northbound. My initial visual estimation of the vehicle was approximately 65 MPH in a posted 45 MPH zone. Using Genesis Select Radar (Forward Antenna G2SKA-38941), I received a steady tone and reading of 63 MPH. I identified the vehicle as a black Honda SUV bearing OR tag 529MHC. The vehicle then made a left turn on Burns Rd. and travelled westbound in the outside lane. While travelling west bound the vehicle continuously swerved between its dividing markers.

## OBSERVATION OF DRIVER:

I made contact with the driver and sole occupant of the vehicle Mark Goldstein, identified by his OR driver's license. During my contact with Goldstein I observed his eyes to be bloodshot and glassy and his speech to be slurred.

## DRIVER STATEMENTS:

Goldstein state dhe had a few beers at Pirates Well. During SFST's he stated that he thought my investigation was ridiculous because he was only 1 or 2 minutes from his house.

**ODORS:** The odor of an unknown alcoholic beverage emitting from his breath at a conversational distance

## GENERAL OBSERVATIONS

**SPEECH:** Slurred

**ATTITUDE:** Compliant and then Argumentative

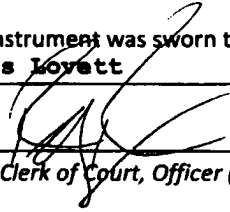
**CLOTHING:** Causal

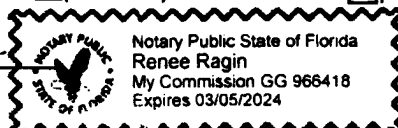
**MEDICAL/OTHER:** None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 30 day of December 2021 by James Lovett 523 who is  personally known to me or  produced

  
Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Goldstein, Mark, A

Case Number: 21005957

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- Lack of Smooth Pursuit
- Distinct & Sust. Nystag. at Max. Deviation
- Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- Lack of Smooth Pursuit
- Distinct & Sust. Nystag. at Max. Deviation
- Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Goldstein had to be reminded to follow the stimuli's entire path.

Walk and Turn

Goldstein stated he understood all instructions. He was unable to maintain the instruction position and continuously grabbed onto his pants or put his hands in his pockets. During his first sequence of steps he took 9 steps, missed heel to toe on steps 3 through 9, and stepped off the line on steps 8 and 9. He then made an improper turn. During his second sequence of steps he took 9 steps, missed heel to toe on every step, and stepped off the line on step 3.

One Leg Stand

Goldstein placed his foot down and stumbled backwards after 1 second. He then complained that he had surgery on both of his knees after previously stating he had no issues with any part of his legs.

Finger to Nose

Goldstein stated he understood all instructions. He sequences were observed as follows. 1st Left: Pad of index finger to his nostrils, opened his eyes and stumbled to his left. He had to be caught by officers on scene to not fall over. 1st Right: Pad of index finger to tip of his nose 2nd Left: Lifted his right hand initially, then brought the pad of his left index finger to the tip of his nose

Finger to Nose Cont.

2nd Right: Lifted his left hand initially, then brought the pad of his right index finger to the tip of his nose. 3rd Right: Lifted his left hand initially, then brought the pad of his right index finger to the tip of his nose. 3rd Left: Brought the pad of his left index finger to the tip of his nose.

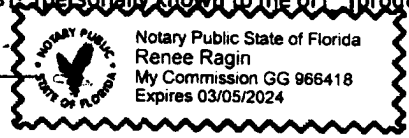
BREATH RESULTS: 1) .176 @ 03:56 2) .178 @ 03:59 3) \_\_\_\_\_ @ \_\_\_\_\_ 4) \_\_\_\_\_ @ \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

*[Signature]*  
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 30 day of December 2021 by James Lovett 523 who is  personally known to me or  produced \_\_\_\_\_

*[Signature]*  
Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Goldstein, Mark A. CASE NUMBER: 21-143144

DATE: Dec 30, 2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:44 ENDING TIME: 04:02

BREATH TESTS RESULTS: 1) NSP TIME 03:53 A.M.  P.M.  2) .176 TIME 03:56 A.M.  P.M.   
3) .178 TIME 03:59 A.M.  P.M.  4) N/A TIME ----- A.M.  P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Agitated, uncooperative, argumentative, upset

CLOTHING: Blue jeans, black t-shirt, black sneaker

MEDICAL CONDITIONS: None

MEDICATIONS: Seizures medication

## OTHER:

Eyes are glassy & red  
Odor of unknown alcoholic beverage on breath

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 03:18 hrs.

Subject refused to perform breath test.

A/O read I/C and explained I/C.  
Subject stated he understood I/C and agreed to take test.

A/O read rights.  
Subject stated he understood rights.

Tech read breath test results.  
Subject stated he understood breath test results.

Subject invoked the right to counsel.

No Q&A Conducted.

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: 80-006477 Software: 8100.27  
Date of Test: 12/30/2021

Date of Last Agency Inspection: 12/09/2021  
Observation Period Began: 03:18  
Subject's Name: MARK A GOLDSTEIN DOB: 02/25/1972 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	03:49
	Air Blank	0.000	03:49
	Control Test	0.079	03:50
	Air Blank	0.000	03:50
	Subject Sample #1	NSP*	03:53
	Air Blank	0.000	03:54
	Air Blank	0.000	03:56
	Subject Sample #2	0.176	03:56
	Air Blank	0.000	03:57
	Air Blank	0.000	03:59
	Subject Sample #3	0.178	03:59
	Air Blank	0.000	04:00
	Control Test	0.078	04:00
	Air Blank	0.000	04:01
	Diagnostics Check	OK	04:01

\*No Sample Provided

Cylinder Lot: 19021080A2  
Exp: 09/05/2023

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 RENEE M RAGIN, 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: 12/30/21  
Signature

Sworn to (or affirmed) before me this 30 day of Dec., 2021  
[Signature] Ofc. J. Lovett # 523  
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.

# DUI WITNESS LIST

21005957

**Arresting Officer:** James Lovett 523 Email: JLovett@PBGFL.com  
**Agency Address:** 10500 N. Military Trl PBG, FL 33410 Phone: (561) 799-4445  
**Can Testify To:** Investigation

**Backup Officers:** Ofc. Jason Hennessy #409  
**Agency Address:** 10500 N. Military Trl. PBG, FL 33410 Phone: (561) 799-4445  
**Can Testify To:** Back Up On Scene

**Crash Investigator:** \_\_\_\_\_ Email: \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Breathalyzer Technician:** Ragin ID: 16877 Agency: PBSO

**DRE:** \_\_\_\_\_ ID# \_\_\_\_\_ Agency Case #: \_\_\_\_\_  
**Agency Address:** \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_  Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_  Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_  Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_  Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_  Wheel Witness

**Name:** \_\_\_\_\_ **Involvement:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Can Testify To:** \_\_\_\_\_  Wheel Witness

SUBJECT: Goldstein, Mark H. CASE NUMBER: 100 11

**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) Mark H. Goldstein

**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) Mark H. Goldstein

SUBJECT: Goldstein, Mark H. CASE NUMBER: 100

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





**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: 2021032829	Date: 12/31/2021
	Specialist Name/ID: M. Tooks #8557