

REQUEST FOR CONFIDENTIALITY (OFFICIAL RECORDS)

Send Request to: **Laura E. Roth**
Clerk of Circuit Court, Volusia County
P.O. Box 6043, DeLand, FL. 32721-6043

WARNING

As of July 1, 2019, the definition of home address has been expanded to include the parcel identification number and legal description. Removing this information from the public records may result in unintended consequences, such as the inability to prove ownership of your property. While you are entitled to this exemption, know that you are effectively removing this information from the Official Records of Volusia County.

I am filing this request for confidentiality with the Volusia County Clerk of Circuit Court for the exemption of information located in the Volusia County Official Records pursuant to Chapter 119.071, Florida Statutes. I hereby swear or affirm that the following information is true and correct.

I attest that I am an individual exempt under § 119.071, F.S. as, **(Only check one)**

- | | | |
|--|----|---|
| <input type="checkbox"/> current | or | <input type="checkbox"/> former |
| <input type="checkbox"/> spouse of current | or | <input type="checkbox"/> spouse of former |
| <input type="checkbox"/> child of current | or | <input type="checkbox"/> child of former |

By submitting this form, you are requesting that the Clerk of Court permanently redact your home address(including legal description), telephone number, date of birth, photographs, name of spouse and children (only if you provide their names below and they are exempt), place of employment of spouse and children, name and location of school and day care facilities attended by children of the below personnel as stated in Chapter 119.071(4) F.S. from the public records submitted with or stated on page 2 of this Request. (Only check one)

- | | |
|--|-------------------------|
| <input type="checkbox"/> Law Enforcement including Correctional, Correctional Probation Officers | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Civilian Personnel employed by a law enforcement agency | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Children and Family Services | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Health <i>(Support the investigation of child abuse or neglect.)</i> | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Revenue or Local Government | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Financial Services | §119.071(4)(d)2.b. F.S. |
| <input type="checkbox"/> Office of Financial Regulation's Bureau of Financial Investigations | §119.071(4)(d)2.c. F.S. |
| <input type="checkbox"/> Firefighter | §119.071(4)(d)2.d. F.S. |
| <input type="checkbox"/> Justice or Judge | §119.071(4)(d)2.e. F.S. |
| <input type="checkbox"/> State Attorney, Asst. State Attorney or Statewide Prosecutor | §119.071(4)(d)2.f. F.S. |
| <input type="checkbox"/> General Magistrates or Special Magistrates | §119.071(4)(d)2.g. F.S. |
| <input type="checkbox"/> Child Enforcement Hearing Officer | §119.071(4)(d)2.g. F.S. |
| <input type="checkbox"/> Human Resource, Labor or Employee Relations | §119.071(4)(d)2.h. F.S. |
| <input type="checkbox"/> Code Enforcement Officer | §119.071(4)(d)2.i. F.S. |
| <input type="checkbox"/> Guardian Ad Litem | §119.071(4)(d)2.j. F.S. |
| <input type="checkbox"/> Juvenile Officer or Juvenile Supervisor | §119.071(4)(d)2.k. F.S. |
| <input type="checkbox"/> Public Defenders, Criminal Conflict and Civil Regional Counsel | §119.071(4)(d)2.l. F.S. |
| <input type="checkbox"/> Department of Business and Professional Regulation, Investigators & Inspectors | §119.071(4)(d)2.m. F.S. |
| <input type="checkbox"/> Tax Collector | §119.071(4)(d)2.n. F.S. |
| <input type="checkbox"/> Department of Health | §119.071(4)(d)2.o. F.S. |
| <input type="checkbox"/> Impaired practitioner consultants retained by an agency | §119.071(4)(d)2.p. F.S. |
| <input type="checkbox"/> Emergency medical technician or paramedic | §119.071(4)(d)2.q. F.S. |
| <input type="checkbox"/> Employees in agency's office of inspector general or internal audit department | §119.071(4)(d)2.r. F.S. |
| <input type="checkbox"/> Child Advocacy Center Personnel | §119.071(4)(d)2.t. F.S. |
| <input type="checkbox"/> Public Guardian and Employees with Fiduciary Responsibility | §744.21031 F.S. |
| ***** Please note: The names of the spouse and children of the below individuals are not exempt. ***** | |
| <input type="checkbox"/> Victim of violent crime <i>(Must attach official verification that a crime occurred.)</i> | §119.071(2)(j)(1) F.S. |
| <input type="checkbox"/> Victim of mass violence | §119.071(2)(o) F.S. |
| <input type="checkbox"/> Addiction Treatment Facility Personnel | §119.071(4)(d)2.s. F.S. |
| <input type="checkbox"/> U.S. Attorney, U.S. Judge, U.S. Magistrate | §119.071(5)(i)(1) F.S. |
| <input type="checkbox"/> Service members who served after September 11, 2001 | §119.071(5)(k)(1) F.S. |

Please print clearly or type the following information.

My full name is: _____ Date of Birth: _____

Other names that I may have used: _____

My spouse full name is: _____ Date of Birth: _____

My children/child names are: _____ Date of Birth: _____

Telephone Number(s): (home/cell) _____ Please include in the event follow up is needed.

Home address / Dwelling location: _____

Home address is defined as the dwelling location at which an individual resides and includes the physical address, mailing address, street address, parcel identification number, plot identification number, legal property description, neighborhood name and lot number, GPS coordinates, and any other descriptive property information that may reveal the home address. Attach an extra page if necessary.

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This page is to be completed during or after a visit to the Volusia County Clerk’s Office or researching online records at www.clerk.org. Please do not list any document that does not contain exempt information pursuant to §119.071, Florida Statutes. A new Request for Confidentiality form must be submitted for future or additional requests not stated or attached to this request.

DOCUMENTS TO BE MODIFIED FOR CONFIDENTIALITY

As a result of my review of the Official Records of Volusia County, I hereby agree that the Volusia County Clerk of Circuit Court Official Records staff has my permission to modify a copy of the following documents in accordance with the particulars of Chapter 119.071, Florida Statutes. I understand that the modified document will be made available to the public without limitation.

Please modify the following documents:

<u>NAME OF DOCUMENT</u>	<u>INSTRUMENT NUMBER</u>	<u>BOOK</u>	<u>PAGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notary Acknowledgment

The information provided on this request for confidentiality is itself to be kept confidential. The Volusia County Clerk’s Office staff may only use the information in order to process my request for confidentiality. I agree to indemnify and hold harmless the Volusia County Clerk of Court and the Clerk’s staff for any direct, indirect or consequential claims or damages that may result in connection with this request for confidentiality.

Signature of Individual: _____ Date: _____

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, _____,

by _____ Personally known _____ or produced identification _____.

Type of identification produced _____.

Signature of Notary _____