

**REQUEST FOR CONFIDENTIALITY
(OFFICIAL RECORDS)**

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

Please note that the signed original of this form must be received by the Clerk's Office. Faxed copies will not be accepted.

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.

Check all that apply. I attest that I am an individual exempt under §119.071, F.S. as:

- Current/former government agency employee in the category checked below
- Spouse of a current/former government agency employee in the category checked below
- Child of a current/former government agency employee in the category checked below

By submitting this form, you are requesting that the Clerk of Court permanently redact your home address, telephone number, social security number, date of birth, photographs, name of spouse and children (only if you provide their names below), 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.

- | | |
|---|-------------------------|
| <input type="checkbox"/> Victim of violent crime (Must attach official verification that a crime occurred.) | §119.071(2)(j)(1) F.S. |
| <input type="checkbox"/> Law Enforcement including Correctional, Correctional Probation Officers | §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 (Support the investigation of child abuse or neglect.) | §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 | §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"/> 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: _____

Home address (including city, state and zip code): _____

Social Security Number: last four digits (if applicable) _____

Telephone Number: (home/cell/) _____

CONTINUE TO NEXT PAGE

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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 COPIED AND 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 copy will be made available to the public without limitation.

Please modify the following documents:

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

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 Florida
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 _____