

**REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION
FROM PUBLIC RECORDS (FS 119.071)**

I request to have exempt personal information removed from records maintained by the _____ County Clerk's Office. I hereby swear or affirm that the following information is true and correct.

Exempt information held under FS 119.071 or FS 493.6122 or FS 741.465 as (select all that apply) :

- 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

Check the appropriate item:

- Victim of violent crime [FS 119.071(2)(h)1]
- Law enforcement officer [FS 119.071(4)(d)2.a.]
- Dept of Children and Family investigator [FS 119.071(4)(d)2.a.(l)]
- Dept of Health investigator [FS 119.071(4)(d)2.m]
- Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]
- Firefighter (Active certification required) [FS 119.071(4)(d)2.b.]
- Justice or judge [FS 119.071(4)(d)2.c.]
- State attorney [FS 119.071(4)(d)2.d.]
- Statewide prosecutor [FS 119.071(4)(d)2.d.]
- General or Special Magistrate [FS 119.071(4)(d)2.e]
- Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.e]
- Hearing Officer [FS 119.071(4)(d)2.e]
- Human resources manager/assistant manager [FS 119.071(4)(d)2.f.]
- Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.f.]
- Code enforcement officer [FS 119.071(4)(d)2.g.]
- Guardian ad litem [FS 119.071(4)(d)2.h.]
- Juvenile probation/detention officer, house parent, therapy provider, counselor [FS 119.071(4)(d)2.i.] (*also applies to supervisors of these employees*)
- Public Defender [FS 119.071(4)(d)2.j.]
- Dept of Business Regulation investigators or inspectors [FS 119.071(4)(d)2.k.]
- Tax collectors [FS 119.071(4)(d)2.i.] (current only)
- Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.m.]
- U.S. Attorney [FS 119.071(5)i.1]
- U.S. Judge or U.S. Magistrate [FS 119.071(5)i.1]
- Private Investigative, Private Security, and Repossession Services- Class "C", "CC", "E", "EE" Security Licensee [FS 493.6122]
- Participant in Address Confidentiality Program for Victims of Domestic Violence [FS 741.465]
- Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(d)]
- Nonsworn investigative personnel of the Florida Department of Financial Services [FS 119.071(4)(d)(2)(IV)]
- Emergency medical technician or paramedic [FS 119.071(4)(o)]
- Employees in an agency's office of inspector general or internal audit department whose duties include auditing or investigating potential criminal or disciplinary activities [FS 119.071(4)(p)]

REQUESTOR CONTACT INFORMATION

Printed Name: _____

Telephone Number: _____ Email address: _____

INFORMATION TO BE REDACTED

Case Number of court record the exempt information is located in: _____

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

Telephone Number(s) _____

Social Security Number(s) found at (list location in court file, DO NOT LIST THE SOCIAL SECURITY NUMBER):

Date(s) of Birth: _____

Place(s) of Employment/Location: _____

Telephone #: _____

Photo of Requestor (as identified in comparable photo attached to this request)

Name and Location of School/Daycare Facility of child): _____

Personal assets (crime victim): _____

AGREEMENT

I understand that this form itself is a public record. If a copy of it is requested, all exempt information contained herein will be redacted.

I agree to indemnify and hold harmless the _____ County Clerk's Office and its staff for any direct or indirect claims or damages that may arise in connection with this request for confidentiality. Further, I agree to personally identify those documents of record pertaining to me, my spouse or my child(ren).

DOCUMENTS TO BE REDACTED

The following section is to be completed during or after a visit to the _____ County Clerk's Office at Provide your Clerk's Website or the office, address, and zip code of Clerk's office.

As a result of my review of the Official / Court Records of the _____ County Clerk's Office, I hereby agree that the _____ County Clerk's Office staff has my permission to modify a copy of the following documents in accordance with FS 119.071. I understand that only the modified copy will be made available to the public, unless otherwise ordered by a court of competent jurisdiction.

Instrument Number	Book	Page	Court Case No.	Doc. Date	Doc. Title
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Documents Other Than Official / Court Records:

Signature: _____

Date: _____

Job Title of Eligible Government Employee

Employing Agency

NOTARY/ DEPUTY CLERK ACKNOWLEDGEMENT

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20____, by _____, who is ____ personally known to me ____ produced identification in the form of _____.

[SEAL]

Notary Public

OR

[SEAL]

(Name of Clerk)
Clerk of the Circuit Court

By: _____
Deputy Clerk