

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

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 or 744.21031 Florida Statutes. This document will need to be Notarized.

Check all that apply to YOU as the requestor:

- ☐ current or ☐ former government agency employee in the category checked below
☐ spouse of current or ☐ spouse of former government agency employee in the category checked below
☐ child of current or ☐ child of former government agency employee in the category checked below
☐ protected individual requesting redaction in the category checked below

Statutory Basis for Removal:

- | | |
|---|-------------------------|
| <input type="checkbox"/> Sworn or Civilian Law Enforcement Officer, including Correctional Probation Officers | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Children and Family Investigator | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Health Investigator of Child Abuse or Neglect | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Department of Revenue or Local Government child support collection/enforcement personnel | §119.071(4)(d)2.a. F.S. |
| <input type="checkbox"/> Florida Department of Financial Services investigative personnel | §119.071(4)(d)2.b. F.S. |
| <input type="checkbox"/> Office of Financial Regulation's Bureau of Financial Investigations investigative personnel | §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 Atty / Statewide Prosecutors and Asst. Statewide Prosecutors | §119.071(4)(d)2.f. F.S. |
| <input type="checkbox"/> General or Special Magistrate / Judge of Compensation Claims, Administrative Law Judge | §119.071(4)(d)2.g. F.S. |
| <input type="checkbox"/> Judicial Assistants | §119.071(4)(d)2.e. F.S. |
| <input type="checkbox"/> Child Support Hearing Officer | §119.071(4)(d)2.g. F.S. |
| <input type="checkbox"/> Local Govt. or Water Mgt. District Human resources manager/assistant manager | §119.071(4)(d)2.h. F.S. |
| <input type="checkbox"/> Local Govt. or Water Mgt. District Labor or employee relations manager/asst. manager | §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 probation/detention officer, house parent, therapy provider, counselor & supervisors | §119.071(4)(d)2.k. F.S. |
| <input type="checkbox"/> Public Defender and Assistant Public Defenders | §119.071(4)(d)2.l. F.S. |
| <input type="checkbox"/> Criminal conflict counsel and civil regional counsel | §119.071(4)(d)2.l. F.S. |
| <input type="checkbox"/> Department of Business Regulation Investigators & Inspectors | §119.071(4)(d)2.m. F.S. |
| <input type="checkbox"/> Tax Collectors (current only) | §119.071(4)(d)2.n. F.S. |
| <input type="checkbox"/> Dept. of Health personnel involved in eligibility, investigation, prosecution & inspection | §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"/> Agency Inspector General Office or Internal Audit Department with duties auditing or investigating potential criminal or disciplinary activities | §119.071(4)(d)2.r. F.S. |
| <input type="checkbox"/> Child Advocacy center director, manager, supervisor, clinical employee of | §119.071(4)(d)2.t. F.S. |
| <input type="checkbox"/> Domestic violence center current or former staff and advocates | §119.071(4)(d)2.u. F.S. |
| <input type="checkbox"/> Inspectors or Investigators of the Dept. of Agriculture and Consumer Services | §119.071(4)(d)2.v. F.S. |
| <input type="checkbox"/> Current County Atty., Assistants, Deputy Atty./Current City Atty., Assistants, Deputy City Atty. | §119.071(4)(d)2.w. F.S. |
| <input type="checkbox"/> Florida Gaming Control Commissioners | §119.071(4)(d)2.x. F.S. |
| <input type="checkbox"/> Current Clerks of the Circuit Court, Deputy Clerks and Clerk Personnel | §119.071(4)(d)2.y. F.S. |
| <input type="checkbox"/> Public Guardian and Employees with Fiduciary Responsibility | §744.21031 F.S. |

***** Please note: Names of spouse and children of the below will Not be Exempt unless used in a Street Address, Trust or Business LLC name. *******

- | | |
|--|-------------------------|
| <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"/> Victim of an incident of mass violence | §119.071(2)(o) F.S. |
| <input type="checkbox"/> Addiction treatment facility director, manager, supervisor, nurse, or clinical employee | §119.071(4)(d)2.s. F.S. |
| <input type="checkbox"/> U.S. Attorney and Assistant U.S. Attorneys | §119.071(5)(i)(1) F.S. |
| <input type="checkbox"/> U.S. Judge or U.S. Magistrate | §119.071(5)(i)(1) F.S. |
| <input type="checkbox"/> Military Personnel, Member of US Dept. of Defense, Armed Forces, Reserve or Nat'l Guard | §119.071(5)(k)(1) F.S. |

REQUESTOR CONTACT INFORMATION

Printed Name: _____

Other names that I may have used: _____

Telephone Number: _____ Email address: _____

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INFORMATION TO BE REDACTED

Please check **ALL** the information to be redacted and provide applicable information as indicated. Note: If the box is not checked that information will not be redacted

☐ Address where I (qualifying spouse or child) **reside** (physical, mailing, or street address, include city, state): _____

The following additional address information for address where I reside: ☐ legal property description (consider title implications), ☐ parcel identification number, ☐ plot identification number, ☐ neighborhood name and lot number, ☐ GPS coordinates, ☐ other description property information that may reveal home address: _____

☐ Telephone Number(s) (home/cell) _____

☐ Social Security Number (**do not list SSN**) / ☐ Date of Birth: _____

☐ Spouse** full name: _____ ☐ Date of Birth: _____

☐ Child/Children** names: _____ ☐ Date of Birth: _____

☐ Place(s) of Employment/Location: _____

☐ Photo of Requestor (*per comparable attached photo*)

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

☐ Personal assets (*crime victim*): _____

WARNING: There may be consequences to redacting information on a public record, which is a risk undertaken by the requestor. Only the documents identified by the requestor will be redacted. Once redaction is requested and completed, future redactions require an additional redaction request.

****However grantor, grantee, or party names cannot be removed unless included as a Street Address, Trust or Business LLC name. F.S. 28.2221(2)(b).****

PUBLIC RECORD: This form is itself a public record. If a copy of it is requested, all exempt information contained in this form will be redacted.

DOCUMENTS TO BE REDACTED

Please do not list any document that does not contain exempt information pursuant to §119.071, Florida Statutes. Attach an additional sheet if there are more documents to be redacted than listed below.

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 only the modified copy will be made available to the public, unless otherwise ordered by a court of competent jurisdiction.

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

REQUEST FOR CONFIDENTIALITY (OFFICIAL RECORDS)

RELEASE TO GOVERNMENTAL AGENCIES: an un-redacted version of these documents will be provided to the Property Appraiser and Tax Collector to allow them to perform their governmental duties and responsibilities. To redact information held by the Property Appraiser or Tax Collector you must make a written request to those agencies directly under Section 119.071 (4)(d)(4). To redact information held by the Property Appraiser or Tax Collector, contact their office. If you wish to release your information to other individuals or entities, please complete a Request to Release Redacted Information on Recorded Documents form.

RELEASE FOR TITLE SEARCHES: an un-redacted version of these documents may be provided to title insurers, agents or agencies and attorneys conducting title searches as authorized in section 28.2221(6)(b). Notice of any title search release will be sent to the most recent address on the recorded documents, on the redaction request, or on the sworn statement provided by the requestor.

COURTESY NOTICE - RELEASE OF PRIOR REDACTIONS:

IMPORTANT INFORMATION

If you have previously requested protection of a home address that is no longer your residence, you are required **by law** to submit a written, notarized request to release the removed information. Please indicate any prior redactions that must be removed for Volusia County below. If the property is located in another County, please contact them:

<u>Instrument Number:</u>	<u>Book:</u>	<u>Page:</u>	<u>Document Type:</u>
<u>Instrument Number:</u>	<u>Book:</u>	<u>Page:</u>	<u>Document Type:</u>
<u>Instrument Number:</u>	<u>Book:</u>	<u>Page:</u>	<u>Document Type:</u>

Requester Signature: _____

Date: _____

Requester Print: _____

Job Title of Qualifying individual Requesting Redaction (for exemptions where current/former agency employment is required): _____.

Employing Agency of Qualifying Individual Requesting Redaction (for exemptions where current/former agency employment is required): _____.

State of Florida

County of _____

The Foregoing instrument was Sworn to (or affirmed) and subscribed before me by means of

_____ Physical Presence or _____ Online Notarization

by (affiant name) _____,

on this (date) _____ Day of (month) _____, 20_____.

NOTARY PUBLIC (Signature)

Stamp/Seal

NOTARY PUBLIC (Print)

Personally Known _____ or Produced Identification _____ Type of ID Produced _____