

# 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, 741.465, 744.21031, or 493.6122, Florida Statutes. I confirm that the information given in this form is true and correct.

### 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

### Check the appropriate category

- Law Enforcement including Correctional, Correctional Probation Officers §119.071(4)(d)2.a. F.S.
- Civilian Personnel employed by a law enforcement agency §119.071(4)(d)2.a. F.S.
- Department of Children and Family Services §119.071(4)(d)2.a. F.S.
- Department of Health (*Support the investigation of child abuse or neglect.*) §119.071(4)(d)2.a. F.S.
- Department of Revenue or Local Government §119.071(4)(d)2.a. F.S.
- Department of Financial Services §119.071(4)(d)2.b. F.S.
- Office of Financial Regulation's Bureau of Financial Investigations §119.071(4)(d)2.c. F.S.
- Firefighter §119.071(4)(d)2.d. F.S.
- Justice or Judge §119.071(4)(d)2.e. F.S.
- State Attorney, Asst. State Attorney or Statewide Prosecutor §119.071(4)(d)2.f. F.S.
- General Magistrates or Special Magistrates §119.071(4)(d)2.g. F.S.
- Child Enforcement Hearing Officer §119.071(4)(d)2.g. F.S.
- Human Resource, Labor or Employee Relations §119.071(4)(d)2.h. F.S.
- Code Enforcement Officer §119.071(4)(d)2.i. F.S.
- Guardian Ad Litem §119.071(4)(d)2.j. F.S.
- Juvenile Officer or Juvenile Supervisor §119.071(4)(d)2.k. F.S.
- Public Defenders, Criminal Conflict and Civil Regional Counsel §119.071(4)(d)2.l. F.S.
- Department of Business and Professional Regulation, Investigators & Inspectors §119.071(4)(d)2.m. F.S.
- Tax Collector §119.071(4)(d)2.n. F.S.
- Department of Health §119.071(4)(d)2.o. F.S.
- Impaired practitioner consultants retained by an agency §119.071(4)(d)2.p. F.S.
- Emergency medical technician or paramedic §119.071(4)(d)2.q. F.S.
- Employees in agency's office of inspector general or internal audit department §119.071(4)(d)2.r. F.S.
- Child Advocacy Center Personnel §119.071(4)(d)2.t. F.S.
- 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. \*\*\*\*\***
- Victim of violent crime (*Must attach official verification that a crime occurred.*) §119.071(2)(j)(1) F.S.
- Victim of mass violence §119.071(2)(o) F.S.
- Addiction Treatment Facility Personnel §119.071(4)(d)2.s. F.S.
- U.S. Attorney, U.S. Judge, U.S. Magistrate §119.071(5)(i)(1) F.S.
- Service members who served after September 11, 2001 §119.071(5)(k)(1) F.S.
- Victim of Domestic Violence participating in the Address Confidentiality Program §741.465 F.S.
- Private Investigative, Private Security, and Repossession Services – Class "C", "CC", "E", "EE" Security Licensee §493.6122 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 **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.

**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, 741.465, 744.21031, or 493.6122 Florida Statutes. I understand that only the modified document will be made available to the public without limitation. A separate release can be provided to authorize release of an unredacted document to a named person or entity.

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

Requester Signature: \_\_\_\_\_

Date: \_\_\_\_\_