
Clerk of the Circuit Court & Comptroller

Office of Grant Maloy Clerk & Comptroller

P.O. Box 8099 • 101 Eslinger way • Sanford FL 32773 • www.seminoleclerk.org

REQUEST FOR CONFIDENTIALITY

The filing of this request removes information from public inspection in the Seminole County Official Records in accordance with Section 119.071, Florida Statutes. **This form must be notarized.** By filing this document, the undersigned does hereby swear or affirm that they are an individual covered under Section 119.071, Florida Statutes, and are:

Requestor Type (Select one): The individual The spouse of an individual The child of an individual

Select one: Who currently serves as Who formerly served as

- A Law Enforcement Officer (including Correctional and Correctional Probation Officers)
- An employee of the Department of Children and Family Services who conducts investigations
- An employee or advocate, as defined in Section 90.5036(1)(b), of a domestic violence center certified by the Department of Children and Families under Chapter 39
- An employee of the Department of Health who supports the investigation of child abuse or neglect
- An employee of the Department of Revenue or local government who collects revenue and enforces child support
- An employee of the Department of Financial Services who conducts investigations
- An employee of the Office of Financial Regulation, Bureau of Financial Investigations, who conducts investigations
- A Firefighter
- A Justice, Judge, or Judicial Assistant
- A State Attorney, Assistant State Attorney, Statewide Prosecutor, or Assistant Statewide Prosecutor
- A General Magistrate or Special Magistrate
- A Judge of Compensation Claims
- Administrative Law Judge of the Division of Administrative Hearings
- A Child Support Enforcement Hearing Officer
- A local government or Water Management District employee serving in Human Resources, Labor, or Employee Relations as a Director, Assistant Director, Manager, or Assistant Manager
- A Code Enforcement Officer
- A Guardian Ad Litem
- A Department of Juvenile Justice employee as referenced in Section 119.071(4)(d)2.k.
- A Public Defender, Assistant Public Defender, Criminal Conflict and Civil Regional Counsel, and Assistant Criminal Conflict and Civil Regional Counsel
- An investigator or inspector of the Department of Business and Professional Regulation
- A County Tax Collector
- An employee of the Department of Health who determines social security disability benefits, or investigates or prosecutes complaints, or inspects health care practitioners or facilities
- An Impaired Practitioner Consultant or employee of an Impaired Practitioner Consultant
- An Emergency Medical Technician or Paramedic (certified under Chapter 401)
- An employee of an Inspector General or Internal Auditor who audits or investigates
- A Director, Manager, Supervisor, or clinical employee of a county government, or agency thereof, addiction treatment facility
- An Inspector or Investigator of the Department of Agriculture and Consumer Services

- A Director, Manager, Supervisor, or clinical employee of a child advocacy center, or a member of a Child Protection Team as referenced in Section 119.071(4)(d)2.t.
- Military Personnel employed by the U.S. Department of Defense who are authorized to access information that is deemed "secret" or "top secret" by the Federal Government or who are servicemembers of a special operations force as defined in 943.10(22)
- Clerk of the Circuit Court, Deputy Clerk of the Circuit Court, or an employee of the Clerk of the Circuit Court
- County Attorney, Assistant County Attorney, Deputy County Attorney, City Attorney, Assistant City Attorney, or Deputy City Attorney
- Commissioners of the Florida Gaming Control Commission

Item(s) that I am requesting to be redacted from the Official Records of Seminole County, Florida:

- Individual's home address (including legal description)
- Telephone number
- Date of birth
- Photographs
- Name of spouse (only if you provide their names below)
- Name of child/children (only if you provide their names below)
- Place of employment of spouse
- Place of employment of child/children
- Name and location of schools and day care facilities attended by children

I (select one): Currently am Formerly was

- The Victim of a Violent Crime as referenced in Section 119.071(2)(j)1 (include documentation)
- The Victim of Mass Violence
- A U.S. Attorney, U.S. Judge, or U.S. Magistrate

Item(s) that I am requesting to be redacted from the Official Records of Seminole County, Florida (the name of your spouse and/or children are not exempt):

- Individual's home address (including legal description)
- Telephone number
- Date of birth
- Photographs
- Place of employment of spouse
- Place of employment of child/children
- Name and location of school and daycare facilities attended by children

Individual's Name: _____ Date of Birth: _____

Individual's Aliases/Other Names Used: _____

Spouse's Name: _____ Date of Birth: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Email: _____ Phone Number: _____

The Seminole County Clerk of the Circuit Court & Comptroller will redact all information that is redactable pursuant to Chapter 119.071, Florida Statutes, unless otherwise indicated. If you would like any redactable information to remain visible in the Official Records, please indicate it here:

NOTE: 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.

Grantor, grantee, or party names cannot be removed from the index.

The following should be completed after performing a search of the Official Records on the Seminole County Clerk of the Circuit Court & Comptroller's website at www.seminoleclerk.org. The documents that pertain to me are as follows*:

No.	Date Recorded	Instrument Number or Book/Page
1		
2		
3		
4		
5		
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7		
8		
9		
10		

*If more space is needed, provide a supplemental page.

RELEASE FOR TITLE SEARCHES: an unredacted 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.

RELEASE OF PRIOR REDACTIONS: 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:

No.	Document Title	Instrument Number or Book/Page
1		
2		
3		
4		
5		

*If more space is needed, provide a supplemental page.

The information provided on this request for confidentiality is itself to be kept confidential. The information may only be used by the Seminole County Clerk of the Circuit Court and Comptroller staff in order to process my request for confidentiality or may be released upon entry of an order from a court of competent jurisdiction. I understand that my mailing address will be released to the Property Appraiser and Tax Collector for the purpose of mailing tax statements.

I agree to indemnify and hold harmless the Seminole County Clerk of the Circuit Court and Comptroller for actions or damages that may be the direct or indirect result of my request for confidentiality and the fulfillment or lack of fulfillment of that request. Further, I agree I have personally identified above those documents of record pertaining to me, and that the Seminole County Clerk of the Circuit Court and Comptroller shall have no obligation to identify or redact any other documents.

Signature

Date

Printed Name

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to or affirmed and subscribed before me by means of physical presence or
 online notarization this _____ day of _____, 20_____,
by _____ (Name of Person Signing).

NOTARY PUBLIC or DEPUTY CLERK

(Print, type, or stamp commissioned name of notary or clerk.)

Personally known or Produced identification of _____.