

### INSTRUCTIONS

Complete the following information and have the form notarized. Once complete, mail the signed original document to: **Duval County Clerk of Courts, ) %K Ygh5 XUa g Gf Yfz Rm 2136, Jacksonville, FL 32202, Attn: Public Information Officer.** You may also submit the form in person. For locations and directions, visit [www.duvalclerk.com](http://www.duvalclerk.com).

Last Name:		First Name:		Middle:	
Other Alias I have used:					
Street Address:					
City:		State:		Zip:	
Date of Birth:		Last Four Digits of Social Security Number:			
Phone Number:		E-mail Address:			
Spouse's Full Name: <i>if applicable</i>		Spouse's Date of Birth: <i>if applicable</i>			
Child(ren)'s Full Name(s): <i>if applicable:</i>		Child(ren)'s Date(s) of Birth: <i>if applicable</i>			
Child(ren)'s School/Day Facility: <i>if applicable:</i>					

### OCCUPATION

I am an individual covered under F.S. 119.071 as follows (please choose only one of the following options):

- Current   
  Spouse of a current   
  Child of a current   
  Attorney of a current   
  Legal Guardian of a current  
 Former   
  Spouse of a former   
  Child of a former   
  Attorney of a former   
  Legal Guardian of a former

Please choose one of the following occupations:

- |  |   |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Law Enforcement Officers:</b> Badge # _____           <ul style="list-style-type: none"> <li>▪ Civilian Sworn Title: _____</li> </ul> </li> <li><input type="checkbox"/> <b>Correctional Officers:</b> Badge # _____           <ul style="list-style-type: none"> <li>▪ Correctional Probation Officers</li> </ul> </li> <li><input type="checkbox"/> <b>Firefighters (Current Only):</b> Certification # _____</li> <li><input type="checkbox"/> <b>Code Enforcement Officers</b></li> <li><input type="checkbox"/> <b>Attorneys as follows:</b> Florida Bar # _____           <ul style="list-style-type: none"> <li>▪ State Attorney/Assistant State Attorney</li> <li>▪ Statewide Prosecutors/Assistant Statewide Prosecutor</li> <li>▪ Public Defender/Assistant Public Defender</li> <li>▪ Criminal Conflict &amp; Civil Regional Counsel/</li> <li>▪ Assistant Criminal Conflict &amp; Civil Regional Counsel</li> </ul> </li> <li><input type="checkbox"/> <b>Justices or Judges as follows:</b> <ul style="list-style-type: none"> <li>▪ Judges of the U.S. Courts of Appeal or District Courts</li> <li>▪ United States Magistrate</li> <li>▪ Supreme Court Justices</li> <li>▪ District Court of Appeals/Circuit/County Court Judges</li> </ul> </li> <li><input type="checkbox"/> <b>Federal Officials as follows:</b> <ul style="list-style-type: none"> <li>▪ United States Attorney/Assistant United States Attorney</li> </ul> </li> <li><input type="checkbox"/> <b>Guardians Ad Litem</b></li> <li><input type="checkbox"/> <b>Department of Revenue &amp; Local Government Personnel whose duties include:</b> <ul style="list-style-type: none"> <li>▪ Revenue Collection &amp; Enforcement</li> </ul> </li> <li><input type="checkbox"/> <b>Child Support Enforcement</b></li> <li><input type="checkbox"/> <b>Department of Business &amp; Professional Regulation</b> <ul style="list-style-type: none"> <li>▪ Investigators/inspectors</li> </ul> </li> <li><input type="checkbox"/> <b>Private Investigative, Private Security and Repossession Services</b></li> <li><input type="checkbox"/> <b>Department of Health Personnel whose duties include:</b> <ul style="list-style-type: none"> <li>▪ Support &amp; investigation of child abuse or neglect</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Department of Children &amp; Family Services Personnel whose duties include the investigation of:</b> <ul style="list-style-type: none"> <li>▪ Abuse; Neglect; Exploitation; Fraud; Theft; or Other Criminal Activity</li> </ul> </li> <li><input type="checkbox"/> <b>Water Management District or Local Government Personnel as follows:</b> <ul style="list-style-type: none"> <li>▪ Director/Assistant Director/Manager/Assistant Manager</li> <li><b>AND employed in one of the following departments:</b> <ul style="list-style-type: none"> <li>▪ Human Resources/Labor Relations/Employee Relations</li> <li><b>AND whose duties include:</b> <ul style="list-style-type: none"> <li>▪ Hiring &amp; Firing/Labor Contract Negotiation/Administration/Other Personnel Duties</li> </ul> </li> </ul> </li> </ul> </li> <li><input type="checkbox"/> <b>Department of Juvenile Justice Personnel as follows:</b> <ul style="list-style-type: none"> <li>▪ Juvenile probation officers/Juvenile probation supervisors</li> <li>▪ Detention superintendents; Assistant detention superintendents</li> <li>▪ Human services counselor administrators or Senior administrators</li> <li>▪ Juvenile justice detention officers I and II or Supervisors</li> <li>▪ Juvenile justice residential officer or supervisor I and II</li> <li>▪ Juvenile justice counselor or supervisor</li> <li>▪ Rehabilitation therapists/Social services counselors</li> </ul> </li> <li><input type="checkbox"/> <b>Magistrates or Judges as follows:</b> <ul style="list-style-type: none"> <li>▪ General or Special Magistrates (Current Only)</li> <li>▪ Judges of Compensation Claims (Current Only)</li> <li>▪ Administrative Law Judges of the Division of Administrative Hearings (Current Only)</li> <li>▪ Child Support Enforcement Hearing Officers (Current Only)</li> </ul> </li> <li><input type="checkbox"/> <b>Tax Collector (Current Only)</b></li> <li><input type="checkbox"/> <b>Member of the Armed Services who served after September 11, 2001.</b></li> <li><input type="checkbox"/> <b>Employees in an agency's office of inspector general or internal audit department whose duties include:</b> <ul style="list-style-type: none"> <li>▪ Auditing or investigating potential criminal or disciplinary activities</li> </ul> </li> <li><input type="checkbox"/> <b>Emergency medical technician or paramedic</b></li> </ul> |
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**OFFICIAL USE ONLY**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Completion of Request by: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUESTED DOCUMENTS**

Please list all the documents you wish to have confidential information redacted from pursuant to F.S. 119.071. The Clerk's office is authorized to address only those documents specified below. Visit our website at [www.duvalclerk.com](http://www.duvalclerk.com) and select Official Records Listing to obtain document type and book/page information, or select Civil, Criminal & Traffic Records Search for case information. Any documents submitted for recording or filing in a court case file after the date of this request must be accompanied by a new request. For additional documents please use a separate sheet and include all requested information below.

Document Name	Court Case Number or Book & Page <i>(List specific page containing qualifying information)</i>

**Signature**

The information provided on this request for confidentiality is itself to be kept confidential. The information may only be used by the Duval County Clerk's staff in order to process my request for confidentiality. I agree to indemnify and hold blameless the Clerk of the Circuit & County Courts in and for Duval County and the staff for actions or reactions which may be a direct or indirect result of my request for confidentiality. I understand that my classification may or may not be subject to the Open Government Sunset Review Act in accordance with s. 119.15.

Print Name:			
Signature:		Date:	