

REQUEST FOR CONFIDENTIALITY

SEND TO: Stacy M. Butterfield, Clerk
Official Records Department
P O Box 9000, Drawer CC-8
Bartow, FL 33831-9000

Please note that the signed original of this form must be received by the Clerk of Courts, Official Records Department. Faxed copies cannot be accepted.

I am filing this request for confidentiality of my personal information in the Polk County Official Records in accordance with section 119.071(4)(d), Florida Statutes. I hereby swear or affirm that the following information is true and correct.

I attest that I am an individual covered under section 119.071(4)(d), Florida Statutes, as I am a:

- Current or Former
Spouse of current or Spouse of former
Child of a current or Child of a former

Law enforcement employee; specify type below:
County law enforcement Municipal law enforcement Correctional Correctional probation Firefighter

Department of Children and Families investigative employee whose duties include investigation of:
Abuse Neglect Exploitation Fraud Theft other criminal activities

Department of Revenue or Local Government employee with responsibility for:
Revenue collection and enforcement Child Support Enforcement

Investigator or Inspector of the Department of Business and Professional Regulation

County Tax Collector

State Attorney, State Prosecutor, Public Defender & Assistants thereto, Conflict Counsel (Specify type: )

Judiciary (Check Type): Justice Judge Federal District Judge Appellate Judge Federal Magistrate
Judge of Compensation Claims Administrative Law Judges of the Division of Administrative Hearings

U.S. Attorney Assistant U.S. Attorney Special/General Magistrate Child Support Enforcement Hearing Officer

Code Inspector Code Enforcement Officer

Human resource, labor relations, or employee relations director, assistant director, manager or assistant manager of any local government agency or water management district (Specify type: )

Guardian ad litem

Juvenile probation/detention/superintendents officer, supervisor, counselor, (Specify type: )

Juvenile Justice residential officer/supervisor I & II Juvenile Justice counselor/supervisor Human Services counselor administrator/Senior Human Services counselor rehabilitation therapist social services counselor

Department of Health employee, who determines, adjudicates, investigates or prosecutes:
Social Security disability benefits complaints or inspection of health care practitioners or facilities licensed by DOH.

Impaired Practitioner Consultant whose duties are to determine the skill and safety of a person to practice a licensed profession.

Service Member who served after September 11,2001, in the United States Armed Forces, a reserve component of the Armed Forces or the National Guard.

Please print clearly or use a typewriter to complete the following lines.

My full name is: \_\_\_\_\_

Other names I may have used: \_\_\_\_\_

Home address (including city, state and zip code):

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Photograph \_\_\_\_\_

Place of employment: \_\_\_\_\_ School/Day Care \_\_\_\_\_

**Name/Location**

I request that the personal information in the following document(s) be made confidential in the Official Records: Provide document type, OR Book & Page number for each page where information appears and the information that is to be redacted. Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_

**I understand that the information provided on this Request for Confidentiality shall be kept confidential and may only be used by the Polk County Official Records Department staff in order to process my request or may be released upon entry of an order from the court. I understand that copies of the Official Records have been sold to third parties and that said copies are not available for redaction. I agree to indemnify and hold harmless the Polk County Clerk and Official Records Department staff for actions or reactions that may be the direct or indirect result of my request for confidentiality.**

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

State of Florida

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_ Personally known or \_\_\_\_\_ produced identification Type of identification produced \_\_\_\_\_

Print, Type, or Stamp Commissioned Name of Notary Public

Signature of Notary \_\_\_\_\_

*Revised June, 2015*