

REQUEST FOR CONFIDENTIALITY

PLEASE NOTE THAT THE SIGNED ORIGINAL OF THIS FORM MUST BE RECEIVED BY THE CLERK'S OFFICE. FAXED COPIES CANNOT BE ACCEPTED.

SEND TO: Don Barbee, Jr.
Hernando County, Clerk of Circuit Court
20 N. Main Street - Room 362, Brooksville, FL 34601

I am filing this request for confidentiality in the Hernando County Clerk's Office in accordance with §119.071. I hereby swear or affirm that the following information is true and correct.

I attest that I am an individual covered under §119.071 as (check / all that apply, IE, who you are and applicable agency below):

- I am a current or former spouse of a current or former child of a current or child of a former law enforcement employee county law enforcement municipal law enforcement correctional correctional probation Dept. of Children and Families investigative employee whose duties include: 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 State Attorney or State Prosecutor (state type: ) Public Defender, Criminal Conflict or Civil Regional Counsel (state type: ) Firefighter Justice or Judge (state type: ) Code Inspector Code Enforcement Officer OTHER (list applicable statute)

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

My full name is:
Other names that I may have used:
Home address (including city, state, and zip code):
Social Security Number: Telephone Number:

The information provided on this request for confidentiality is itself to be kept confidential. The information may only be used by the Hernando County Clerk's staff in order to process my request for confidentiality.

I agree to indemnify and hold blameless the Hernando County Clerk of Circuit Court and the Clerk's staff for actions or reactions that may be the direct or indirect result of my request for confidentiality. Further, I agree to personally identify those documents of record pertaining to me on the attached page.

I agree that it is my responsibility to notify the Hernando County Property Appraiser (352-754-4190) and Tax Collector (352-754-4180) of any and all exemptions pertaining to this request for confidentiality.

Signature of Individual: Date:

State of Florida
County of
Sworn to (or affirmed) and subscribed before me this day of , 20
by
Personally known ( ) or produced the following identification

Signature of Notary Notary Seal

# REQUEST FOR CONFIDENTIALITY

## DOCUMENTS TO BE COPIED AND MODIFIED FOR CONFIDENTIALITY

As a result of my review of the Official Records and Court Records of Hernando County, I hereby agree that the Hernando County Clerk's Office has my permission to modify the Official Records and/or a copy of the Court Records for the following documents in accordance with the particulars of Section 119.071. I understand that copy(s) of court record(s) will be modified in Court Files only if specifically requested and identified below.

The documents that pertain to me follow:

### OFFICIAL RECORDS (Recording / records contained in the Official Records Book):

<u>Date Recorded</u>	<u>Instrument Number</u>	<u>Book</u>	<u>Page</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### COURT RECORDS (Records contained in a court file):

<u>Case Type</u>	<u>Case Number</u>	<u>Document Type this Exemption applies to</u>	<u>Date Filed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby agree that it is my responsibility to notify and submit a separate "request for confidentiality" to the Clerk of Court for any future documents that may be filed in the Hernando County Court Records or Official Records Book. I also agree and understand that only those records specifically identified above will apply to this "request for confidentiality."

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date Signed \_\_\_\_\_

\_\_\_ Copy sent to Court Services Director & Central File Room (check if request includes court records contained in Court Files)

## INSTRUCTIONS for completing the “Request for Confidentiality” Form

To request information to be removed from public view on the Clerk’s Internet website **you must meet specific requirements** pursuant to Section 119.071, Florida Statutes, please complete the form “Request for Confidentiality” (revised **September 2, 2015**) and return it to our office at the following address:

**Clerk of Court, Recording Division,  
20 North Main Street – RM #362  
Brooksville, FL 34601**

We cannot complete your request until we receive the original form, completed, signed and notarized. Use a separate form for each individual requesting confidentiality. It is important that you complete all sections of the attached form and return it to our office so that we may successfully complete your request for confidentiality of the Hernando County public records.

**On the first page**, indicate the employment type and relationship of the requestor. For example: current law enforcement employee; or spouse of a former code inspector. Ensure that all name, address and phone number information is printed legibly. The FORM MUST BE signed and notarized. **Incomplete forms will not be processed and will be returned to the requestor.**

**On the second page**, you must identify and list all documents pertaining to your request. List only those documents which contain the confidential information to be redacted (including the Official Records Book/Page, Date Recorded and Instrument Number). If applicable, list the Court Record(s) case type, case number, document type and date filed. **Keep in mind, that your name and/or the document image are not redacted/removed. We can only redact information from documents identified and listed by you on the request.** You may view documents recorded in the Official Records on-line at [hernandoclerk.com](http://hernandoclerk.com) or in the Recording Office, RM #362 at the courthouse. **For Court Records, you will need to view the actual case file and identify the name of the pleading and specific page containing the confidential information you want redacted.** You may view court records in the specific department (i.e. Criminal, Civil, etc.) at the courthouse (Monday-Friday, 8:00am through 5:00pm).

**Please identify only those documents which contain the non-public information. For example, to be eligible, list only documents that include one or more of the following information: Home Address; Telephone Number; Social Security Number; Place/Location of employment; School or Child Care Facility Name/Location; or Photograph.**

The process for removing the information will be completed upon receipt of the completed/signed/notarized form. However, **microfilm and/or images containing the Official Records are sold to the public on a daily basis. We cannot control or remove the requested information from any film or image copies that have been sold to the public prior to completing your request.** We also have customers (Title Companies, Attorney’s, Credit Bureau’s etc.) which may have Subscription Service and/or Internet access to our public records. With these capabilities, they have the ability to view our Official Records & Court Records Index on-line. From their office computers, they can obtain copies of any documents which have been scanned into our imaging system and any record contained in the Official Records or Court Records. Again, we have no control over those records which have been obtained by their offices prior to your request.

It is your responsibility to contact the *Hernando County Property Appraiser* and *Tax Collector* to request any exemptions of their records regarding confidentiality. You may contact them at the following addresses/phone numbers:

**Hernando County Property Appraiser** at 20 N. Main St., RM 463, Brooksville, FL 34601; phone 352-754-4190

**Hernando County Tax Collector** at 20 N. Main St., RM 122, Brooksville, FL 34601; phone 352-754-4180

If you have any questions, or need additional information, please feel free to call our office at (352) 540-6768.