

# VICTIM'S 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.  
Clerk of Circuit Court  
Hernando County  
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 Florida Statutes pertaining to **victims of crime**. I hereby swear or affirm that the following information is true and correct.

I attest that I am an individual covered under one of the following (check  the applicable Florida Statute):

<input type="checkbox"/> F.S. 119.07(3)(s)(1) & 119.07(3)(f)(1)	Case # _____	
<input type="checkbox"/> F.S. 741.403	Case # _____	
<input type="checkbox"/> F.S. 741.465	Case # _____	OR Official Verification that an applicable crime has occurred.

**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 be 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 \_\_\_\_\_, 2013

by \_\_\_\_\_ Personally known (  ) or produced the following identification.

Signature of Notary

**Notary Seal**

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**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 Sections 119.07(3)(s)(1), 741.403, or 741.465 (the applicable Florida Statute as identified on page1). I understand that copy(s) of court records(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 \_\_\_\_\_