

**REQUEST FOR NON-DISCLOSURE
PURSUANT TO ARTICLE I, §16(B)(5) OF THE FLORIDA CONSTITUTION**

NOTE: This form only applies to information or records held by the Manatee County Clerk of the Circuit Court. Requests regarding information or records held by other governmental agencies must be addressed directly to those agencies.

PLEASE HELP US WITH YOUR REQUEST BY PRINTING LEGIBLY

YOUR CONTACT INFORMATION

(In case we have questions or need more information)

Printed Name: _____

Telephone Number: _____ Email address: _____

INFORMATION YOU DO NOT WANT DISCLOSED

(Not all requests can be honored, as Florida law governs what information and records cannot be disclosed)

As a crime victim, pursuant to Article I, §16(b) of the Florida Constitution, I request that the following information or records not be disclosed by the Manatee County Clerk of the Circuit Court ("Clerk") as such information could be used to locate or harass my family or me or could disclose my confidential or privileged information:

•Name/Former Name(s): _____

•Address(es):

_____	_____	_____	_____
Street Address	City	State	Zip Code

_____	_____	_____	_____
Street Address	City	State	Zip Code

_____	_____	_____	_____
Street Address	City	State	Zip Code

_____	_____	_____	_____
Street Address	City	State	Zip Code

•Other (email addresses, telephone numbers, etc.):

LOCATION OF INFORMATION AND RECORDS

In order to assist us with locating the information and records that you do not want disclosed, please provide as much detail as possible, including case numbers, document titles, docket numbers, page numbers, line numbers, Book/Page, and instrument numbers.

Court Records

Non-Court Records (Official Records, Recording, Administrative, etc.)

Other Records/Information

CERTIFICATION AND AGREEMENT

I understand and agree: that this form is a public record, and, if a copy is requested, confidential or exempt personal information contained herein will be redacted; that the Clerk will honor my request to the extent allowed under Florida law and only in those documents and records that I have specifically listed above; that no redactions will be performed on any other court or non-court public records that have been filed with the Clerk in the past or will be filed with the Clerk in the future unless I submit another request specifically listing those court and non-court public records; and that some information or records may have been viewed, disseminated, or obtained prior to this request being provided to the Clerk.

Under penalties of perjury, I swear or affirm that I am lawfully entitled to request these exemptions based on my eligibility as a qualified person under Florida law.

Signature: _____ Date: _____

Notary or Deputy Clerk Acknowledgment

State of _____
County of _____

Sworn to and subscribed before me this ____ day of _____, 20____, by _____ who is personally known to me or has produced identification in the form of _____.

(Seal) _____
Notary Public

OR
(Seal) _____
Deputy Clerk

Internal use only (initial and date):
Request received by _____ on _____
Document redaction completed by _____ on _____ and verified by _____ on _____
Index redaction completed by _____ on _____ and verified by _____ on _____
Requestor notified by _____ on _____