REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION FROM NON-COURT PUBLIC RECORDS OF THE MANATEE COUNTY CLERK OF COURT AND COMPTROLLER

PLEASE NOTE: This form only applies to non-court records held by the Manatee County Clerk of the Circuit Court and Comptroller. Redaction requests for exempt personal information held by any other governmental agency must be addressed directly to that agency. Redaction requests for court records are governed by the Florida Rules of Judicial Administration. Please see those Rules if you are trying to redact information in court records.

I request that exempt personal information be redacted from the non-court public records maintained by the Manatee County Clerk of the Circuit Court and Comptroller, because I am:

☐ A qualified person under Florida law pursuant to the statute(s) checked below.
☐ The current spouse of a qualified person under Florida law pursuant to the statute(s) checked below.
☐ The child of a qualified person under Florida law pursuant to the statute(s) checked below.

Check all that apply:

☐ Victim of violent crime [FS 119.071(2)(h)1]
☐ Sworn or civilian law enforcement officer, incl. correctional and correctional probation officers [FS 119.071(4)(d)2.a.]
☐ Dept of Children and Family investigator [FS 119.071(4)(d)2.a.]
☐ Dept of Health investigator of child abuse or neglect [FS 119.071(4)(d)2.a.]
☐ Dept of Revenue or local government child support collection/enforcement personnel [FS 119.071(4)(d)2.a.]
☐ Nonsworn investigative personnel of the Florida Department of Financial Services [FS 119.071(4)(d)2.b.]
☐ Firefighter [FS 119.071(4)(d)2.d.]
☐ Justice or judge [FS 119.071(4)(d)2.e.]
☐ State attorney and ASAs [FS 119.071(4)(d)2.f.]
☐ Statewide prosecutor and asst statewide prosecutors [FS 119.071(4)(d)2.f.]
☐ General or Special Magistrate [FS 119.071(4)(d)2.g]
☐ Judge of Compensation Claims, Administrative Law Judge [FS 119.071(4)(d)2.g.]
☐ Child Support Hearing Officer [FS 119.071(4)(d)2.g]
☐ Human resources manager/assistant manager [FS 119.071(4)(d)2.h.]
☐ Labor or employee relations manager/assistant manager [FS 119.071(4)(d)2.h.]
☐ Code enforcement officer [FS 119.071(4)(d)2.i.]
☐ Guardian ad litem [FS 119.071(4)(d)2.j.]
☐ Juvenile probation/detention officer, house parent, therapy provider, counselor and their supervisors [FS 119.071(4)(d)2.k.]
☐ Public Defender and APDs [FS 119.071(4)(d)2.l.]
☐ Criminal conflict counsel and civil regional counsel [FS 119.071(4)(d)2.l.]
☐ Dept of Business Regulation investigators and inspectors [FS 119.071(4)(d)2.m.]
☐ Tax collectors (current only) [FS 119.071(4)(d)2.n.]
☐ Dept of Health personnel involved in eligibility, investigation, prosecution, and inspection [FS 119.071(4)(d)2.o.]
☐ Impaired practitioner consultants retained by an agency [F.S. 119.071(4)(d)2.p.]
☐ Emergency medical technician or paramedic [FS 119.071(4)(d)2.q.]
☐ Employees in an agency’s office of inspector general or internal audit department whose duties include auditing or investigating potential criminal or disciplinary activities [FS 119.071(4)(d)2.r.]
☐ Addiction Treatment Facility Personnel [FS 119.071(4)(d)2.s.]
☐ U.S. Attorney and AUSAs [FS 119.071(5)(i)1.]
☐ U.S. Judge or U.S. Magistrate [FS 119.071(5)(i)1.]
☐ Member of US Armed Forces, reserve, or National Guard, who served after 9/11/01 [FS 119.071(5)(k)1.]
☐ Victim of Domestic Violence participating in the Address Confidentiality Program [FS 741.465]
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 ARE ASKING TO BE REDACTED
(Not all requests can be honored, as Florida law governs what redactions the Clerk can make)

• Name/Former Name(s) to be redacted: ________________________________________________________

• Home Address(es) (includes physical address, mailing address, and street address):

  Address________________________________________ City________ State______ Zip Code________

  Address________________________________________ City________ State______ Zip Code________

• The following additional address information:
  □ legal property description
  □ GPS coordinates
  □ parcel identification number: _____________________________________________________________
  □ plot identification number: _____________________________________________________________
  □ neighborhood name and lot number: ______________________________________________________

• Telephone Number(s): __________________________________________________________________

• Social Security No. (only list the last 4 digits): XXX-XX-_____

• Date of Birth: ________________________

• Place(s) of Employment: ________________________________

• Name(s) and Location(s) of Schools and Day Care Facilities attended by children:

  Name of School/Day Care Facility_________________________________ Street Address______________ City/State____________

  Name of School/Day Care Facility_________________________________ Street Address______________ City/State____________

• Personal assets (crime victim): ______________________________________________________________

• If you are requesting that a photograph be redacted, please attach a comparable photograph to this request

Request for Redaction of Exempt Personal Information from Non-Court Public Records of the Manatee County Clerk of the Circuit Court and Comptroller
Page 2 of 3
Eff. 7/1/19
DOCUMENTS TO BE REDACTED

As a result of my own, personal review of the non-court public records of the Manatee County Clerk of the Circuit Court and Comptroller ("Clerk"), I hereby request that the foregoing exempt personal information be redacted from the following document(s) according to Florida law. I understand that the redacted document(s) will be available to the public, unless otherwise required by Florida law or ordered by a court of competent jurisdiction. I further understand that unredacted documents may have been viewed, disseminated, or obtained prior to my request.

<table>
<thead>
<tr>
<th>Instrument Number</th>
<th>Book</th>
<th>Page</th>
<th>Document Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATION AND AGREEMENT

I understand and agree: that this form is a public record, and, if a copy is requested, exempt personal information contained herein will be redacted; that the Clerk will only perform the redactions that I am entitled to under Florida law and only on those documents that I have specifically listed above; that no redactions will be performed on any other 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 non-court public records; that there may be consequences to redacting information from a public record and that I will seek advice from an attorney regarding possible consequences of the requested redactions; and to release, hold harmless, and indemnify the Clerk and its employees for any injuries, losses, claims, or damages that arise from or are in any way related to this request.

Under penalties of perjury, I swear or affirm that I am lawfully entitled to request these exemptions based upon my eligibility as a qualified person under Florida law or my status as the current spouse or child of 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 Deputy Clerk

Internal use only (initial and date):
Request received by ____________________ on __________
Document redaction completed by ____________________ on __________ and verified by ____________________ on __________
OR Index redaction completed by ____________________ on __________ and verified by ____________________ on __________
Requestor notified that redactions completed by _______________ on __________