

PUBLIC RECORDS EXEMPTION (for a court case)

Name: _____

Case Number: _____ Defendant Name: _____

[This exemption **only applies to victims of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence**, if you are unsure if this applies to you, please contact the victim’s advocate assigned to your case.]

Florida Statute 119.071(2)(j) states that if you have been the victim of a **sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence**, you may request that your personal information, including your name, home or work telephone number, home or work address and personal assets (other than property stolen or destroyed during the commission of the crime) information be kept confidential from public records requests. To enforce this right, please check the box below. Please note that this right only applies to victims of the crimes listed above and this information ceases to be exempt after five (5) years. Failure to indicate your wishes on this matter will result in your personal information being subject to public records requests.

I wish to have my personal information kept confidential from public records and

I verify that **in this case**, I am the victim of:

- | | | |
|----------------|------------------------|---------------------|
| sexual battery | aggravated child abuse | aggravated stalking |
| harassment | aggravated battery | domestic violence |

I do not wish to have my personal information kept confidential.