



**SHARON R. BOCK**  
 Clerk & Comptroller  
 Palm Beach County

# Request for Confidentiality

## INSTRUCTIONS

Complete the following information and have the form notarized. Once complete, mail the signed original document to: **Sharon R. Bock, Clerk & Comptroller of Palm Beach County, P.O. Box 4177, West Palm Beach, FL 33402-4177**. You may also submit the form in person. For locations and directions, visit [www.mypalmbeachclerk.com](http://www.mypalmbeachclerk.com). Fax copies are not accepted.

## GENERAL INFORMATION

Last Name:		First Name:		Middle:	
Other Alias I have used:					
Street Address:					
City:		State:		Zip:	
Date of Birth:		Last Four Digits of Social Security Number:			
Phone Number:		E-mail Address:			
Spouse's Full Name: <i>if applicable</i>			Spouse's Date of Birth: <i>if applicable</i>		
Child(ren)'s Full Name(s): <i>if applicable:</i>			Child(ren)'s Date(s) of Birth: <i>if applicable</i>		
Child(ren)'s School/Day Facility: <i>if applicable:</i>					

## OCCUPATION

I am a (please choose only one of the following six options):

- Current   
  Former   
  Spouse of a current   
  Spouse of a former   
  Child of a current   
  Child of a former

Please choose one of the following occupations:

- Law Enforcement Officers: Badge # \_\_\_\_\_**
  - Civilian Sworn Title: \_\_\_\_\_
- Correctional Officers: Badge # \_\_\_\_\_**
  - Correctional Probation Officers
- Firefighters (Current Only): Certification # \_\_\_\_\_**
- Code Enforcement Officers**
- Attorneys as follows:**
  - State Attorney/Assistant State Attorney
  - Statewide Prosecutors/Assistant Statewide Prosecutor
  - Public Defender/Assistant Public Defender
  - Criminal Conflict & Civil Regional Counsel/
  - Assistant Criminal Conflict & Civil Regional Counsel
- Justices or Judges as follows:**
  - Judges of the U.S. Courts of Appeal or District Courts \*
  - United States Magistrate \*
  - Supreme Court Justices
  - District Court of Appeals/Circuit/County Court Judges
- Federal Officials as follows: \***
  - United States Attorney/Assistant United States Attorney
- Guardians Ad Litem \***
- Department of Revenue & Local Government Personnel whose duties include Revenue Collection & Enforcement**
- Child Support Enforcement**
- Department of Business & Professional Regulation**
  - Investigators/inspectors \*
- Private Investigative, Private Security & Repossession Service**
- Tax Collector (Current Only) \***
- Impaired Practitioner Consultants**
- Servicemember who served after September 11, 2001 \***
- Certified Emergency Medical Technicians under Ch. 401**
- Certified Paramedics under Ch. 401**
- Department of Health Personnel whose duties include:**
  - Support & investigation of child abuse or neglect
- Department of Children & Family Services Personnel whose duties include the investigation of:**
  - Abuse; Neglect; Exploitation; Fraud; Theft; or Other Criminal Activity
- Water Management District or Local Government Personnel as follows:**
  - Director/Assistant Director/Manager/Assistant Manager
  - AND employed in one of the following departments:**
  - Human Resources/Labor Relations/Employee Relations
  - AND whose duties include:**
  - Hiring & Firing/Labor Contract Negotiation/Administration/Other Personnel Duties
- Department of Juvenile Justice Personnel as follows:**
  - Juvenile probation officers/Juvenile probation supervisors
  - Detention superintendents; Assistant detention superintendents
  - Human services counselor administrators or Senior administrators
  - Juvenile justice detention officers I and II or Supervisors
  - Juvenile justice residential officer or supervisor I and II
  - Juvenile justice counselor or supervisor
  - Rehabilitation therapists/Social services counselors
- Magistrates or Judges as follows: \***
  - General or Special Magistrates (Current Only)
  - Judges of Compensation Claims (Current Only)
  - Administrative Law Judges of the Division of Administrative Hearings (Current Only)
  - Child Support Enforcement Hearing Officers (Current Only)
- Office of Inspector General/Internal Audit Dept Personnel** whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline
- Department of Financial Services/Office of Inspector General** nonsworn investigative personnel whose duties include the investigation of fraud, theft, worker's compensation coverage requirements/compliance and other related criminal activities

\*Request must include a written statement of reasonable efforts made to protect such information from being accessible through other means available to the public.

**OFFICIAL USE ONLY**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Completion of Request by: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUESTED DOCUMENTS**

Please list the documents containing confidential information that needs to be redacted. The Clerk's office is authorized to address only those documents specified below. Visit our website at [www.mypalmbeachclerk.com](http://www.mypalmbeachclerk.com) and select Official Records Listing to obtain document type and book/page information, or select Civil, Criminal & Traffic Records Search for case information. Any documents submitted for recording or filing in a court case file after the date of this request must be accompanied by a new request.

Document Name	Court Case Number or Book & Page Number	Page Number(s)	Specific Information to Remove

**NOTARIZED STATEMENT**

The information provided on this request for confidentiality is itself to be kept confidential. The information may only be used by the Palm Beach County Clerk's staff in order to process my request for confidentiality. I agree to indemnify and hold blameless the Clerk & Comptroller of Palm Beach County and the staff for any consequences arising from this request for confidentiality. I understand that my classification may or may not be subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2017, unless reviewed and saved from repeal through reenactment by the Florida Legislature.

Print Name:	_____		
Signature:	_____	Date:	_____

State of Florida \_\_\_\_\_ County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_  
*(Name of person making statement)*

- Personally Known
- Produced Identification: Type of Identification Produced \_\_\_\_\_

Notary Signature \_\_\_\_\_  
State of \_\_\_\_\_

(Print, Type or Stamp Name of Notary Public)