

RECEIVED BY: \_\_\_\_\_  
 RECEIVED ON: \_\_\_\_\_  
 COMPLETED ON: \_\_\_\_\_

## REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION FROM NON-JUDICIAL PUBLIC RECORDS

I request to have exempt personal information removed from records maintained by the St. Johns County Clerk of the Circuit Court and Comptroller's Office as a (select all that apply):

- Government agency employee in the category checked below.
- Spouse of a government agency employee in the category checked below.
- Child of a government agency employee in the category checked below.
- Protected individual requesting redaction in the category checked below.

### Statutory Basis for Removal:

|  |  |
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| <input type="checkbox"/> Victim of a violent crime [s. 119.071(2)(j)1, F.S.] †<br><input type="checkbox"/> Victim of an incident of mass violence [s. 119.071(2)(o), F.S.] ‡<br><p style="text-align: center;"><b>ACTIVE/CURRENT OR FORMER:</b></p> <input type="checkbox"/> Sworn or civilian law enforcement personnel [s. 119.071(4)(d)2.a., F.S.]<br><input type="checkbox"/> Correctional or probation officer [s. 119.071(4)(d)2.a., F.S.]<br><input type="checkbox"/> Dept. of Children and Families investigator [s. 119.071(4)(d)2.a., F.S.]<br><input type="checkbox"/> Dept. of Health investigator of child abuse or neglect [s. 119.071(4)(d)2.a., F.S.]<br><input type="checkbox"/> Dept. of Revenue or local government child support collection/enforcement personnel [s. 119.071(4)(d)2.a., F.S.]<br><input type="checkbox"/> Dept. of Financial Services nonsworn investigative personnel [s. 119.071(4)(d)2.b., F.S.]<br><input type="checkbox"/> Office of Financial Regulation's Bureau of Financial Investigations nonsworn investigative personnel [s. 119.071(4)(d)2.c., F.S.]<br><input type="checkbox"/> Firefighter [s. 119.071(4)(d)2.d., F.S.]<br><input type="checkbox"/> Supreme Court Justice, district court of appeal judge, circuit court judge, county court judge [s. 119.071(4)(d)2.e., F.S.]<br><input type="checkbox"/> State attorney or asst. state attorney [s. 119.071(4)(d)2.f., F.S.]<br><input type="checkbox"/> Statewide prosecutor or asst. statewide prosecutor [s. 119.071(4)(d)2.f., F.S.]<br><input type="checkbox"/> Local government agency or water mgmt. district director, asst. director, manager, asst. manager of human resources, labor relations, or employee relations [s. 119.071(4)(d)2.h., F.S.]<br><input type="checkbox"/> Code enforcement officer [s. 119.071(4)(d)2.i., F.S.]<br><input type="checkbox"/> Guardian ad litem [s. 119.071(4)(d)2.j., F.S.]<br><input type="checkbox"/> Dept. of Juvenile Justice juvenile probation officer or supervisor; detention superintendent or asst.; juvenile justice detention officer, residential officer, counselor, or supervisor; human services counselor or senior counselor administrator; rehabilitation therapist; social services counselor [s. 119.071(4)(d)2.k., F.S.]<br><input type="checkbox"/> Public defender or asst. public defender [s.119.071(4)(d)2.l., F.S.]<br><input type="checkbox"/> Criminal conflict or civil regional counsel or assistant [s. 119.071(4)(d)2.l., F.S.]<br><input type="checkbox"/> Dept. of Business and Professional Regulation investigator or inspector [s. 119.071(4)(d)2.m., F.S.]<br><input type="checkbox"/> Dept. of Health personnel involved in social security disability eligibility, investigation or prosecution of complaints, and inspection [s. 119.071(4)(d)2.o., F.S.]<br><input type="checkbox"/> Impaired practitioner consultants retained by an agency or their employee with duties determining a person's skill to practice licensed professions [s. 119.071(4)(d)2.p., F.S.]<br><input type="checkbox"/> Emergency medical technician or paramedic [s. 119.071(4)(d)2.q., F.S.] | <input type="checkbox"/> Agency office inspector general or internal audit personnel with auditing or potential criminal investigation/disciplinary duties [s. 119.071(4)(d)2.r., F.S.]<br><input type="checkbox"/> Addiction treatment facility director, manager, supervisor, nurse, or clinical employee [s. 119.071(4)(d)2.s., F.S.] †<br><input type="checkbox"/> Child advocacy center director, manager, supervisor, or clinical employee [s. 119.071(4)(d)2.t., F.S.]<br><input type="checkbox"/> Child Protection Team member as described in s. 39.303 with investigatory or multidisciplinary case review team duties [s. 119.071(4)(d)2.t., F.S.]<br><input type="checkbox"/> Domestic violence advocate or staff [s. 119.071(4)(d)2.u., F.S.]<br><input type="checkbox"/> Dept. of Agriculture and Consumer Services inspector or investigator [s. 119.071(4)(d)2.v., F.S.]<br><input type="checkbox"/> Florida Gaming Control Commission commissioner [s. 119.071(4)(d)2.x., F.S.]<br><input type="checkbox"/> U.S. attorney, asst. attorney, Court of Appeal judge, district judge, or magistrate [s. 119.071(5)(i)1., F.S.] † Δ<br><input type="checkbox"/> Military personnel authorized to access secret information or servicemember of a special operations force as defined in s. 943.10(22) [s. 119.071(5)(k), F.S.] † Δ<br><input type="checkbox"/> Public guardian or employee with fiduciary responsibility [s. 744.21031, F.S.]<br><p style="text-align: center;"><b>CURRENT:</b></p> <input type="checkbox"/> Judicial assistant [s. 119.071(4)(d)2.e., F.S.]<br><input type="checkbox"/> General or special magistrate [s. 119.071(4)(d)2.g, F.S.]<br><input type="checkbox"/> Judge of compensation claims or administrative law judge of DOAH [s. 119.071(4)(d)2.g, F.S.]<br><input type="checkbox"/> Child support enforcement hearing officer [s. 119.071(4)(d)2.g, F.S.]<br><input type="checkbox"/> County tax collector [s.119.071(4)(d)2.n., F.S.]<br><input type="checkbox"/> County or city attorney or asst. or deputy county or city attorney who does not qualify as a candidate for election to public office [s. 119.071(4)(d)2.w., F.S.]<br><input type="checkbox"/> Clerk of the Circuit Court, deputy Clerk, or Clerk personnel [s. 119.071(4)(d)2.y., F.S.]<br><input type="checkbox"/> Congressional member or public officer [s. 119.071(4)(d)2.z.(II), F.S.] ◊<br><p>† Attach official verification of crime (i.e. police report or injunction); this renewable exemption expires after five years.</p> <p>‡ Names of spouse/children for marked individuals are not exempt.</p> <p>Δ Complete the <b>REASONABLE EFFORTS STATEMENT</b> on page 3.</p> <p>◊ City and zip code are not exempt; complete the <b>CONGRESSIONAL MEMBER/PUBLIC OFFICER STATEMENT</b> on page 3.</p> <p><b>NOTE: Grantor, grantee, or party names cannot be removed from Official Records unless they contain the street address.</b></p> |
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**REQUESTOR CONTACT INFORMATION**

Printed Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**INFORMATION TO BE REDACTED**

Address(es) or partial address(es) where I (or qualifying spouse or child) **reside** (physical, mailing, or street address) *including the parcel identification number, plot identification number, legal property description, neighborhood name and lot number, GPS coordinates, and any other descriptive property information that may reveal the address:* \_\_\_\_\_

\_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Social Security Number (**do not list SSN**) /  Date of Birth: \_\_\_\_\_

Name of Spouse and/or Children to be redacted: \_\_\_\_\_

\_\_\_\_\_

Place(s) of Employment/Location: \_\_\_\_\_

Name and Location of School/Daycare Facility of Child: \_\_\_\_\_

Personal Assets (*crime victim*): \_\_\_\_\_

**DOCUMENTS TO BE REDACTED**

The following section is to be completed after a review of the Official Records with the Clerk of the Circuit Court & Comptroller's Office, St. Johns County at either [www.StJohnsClerk.com](http://www.StJohnsClerk.com) or 4010 Lewis Speedway, St. Augustine, FL 32084.

As a result of my review of the Official Records of the St. Johns County Clerk's/Comptroller's Office, I hereby agree that the St. Johns County Clerk's/Comptroller's Office staff has my permission to modify a copy of the following documents in accordance with s. 119.071, F.S. I understand that only the modified copy will be made available to the public, unless otherwise ordered by a court of competent jurisdiction (*attach additional pages if more space is needed*).

| CFN or Instrument Number | Book  | Page  | Document Title |
|--------------------------|-------|-------|----------------|
| _____                    | _____ | _____ | _____          |
| _____                    | _____ | _____ | _____          |
| _____                    | _____ | _____ | _____          |
| _____                    | _____ | _____ | _____          |

**Documents Other Than Official Records:** \_\_\_\_\_

**SUPPLEMENTAL STATEMENTS (if applicable)**

**REASONABLE EFFORTS STATEMENT:** I have made reasonable efforts to protect my personal information from being accessible through other means available to the public.

**INITIALS:** \_\_\_\_\_

**CONGRESSIONAL MEMBER/PUBLIC OFFICER STATEMENT:** I am requesting redactions pursuant to s. 119.071(4)(d)2.z., F.S. The date of the congressional member/public officer's election or appointment to public office is \_\_\_\_\_, the date on which the office is next subject to election is \_\_\_\_\_, and if applicable, the date on which the congressional member/public officer's child reaches the age of majority is \_\_\_\_\_.

**INITIALS:** \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT THIS FORM**

Grantor, grantee, or party names cannot be removed from the Official Records index, unless the street address is included in the name, such as in a trust or LLC. (s. 28.2221(2)(b), F.S.)

**WARNING:** There may be consequences to redacting information on a public record, which is a risk undertaken by the requestor. This form only applies to public records held by the St. Johns County Clerk's Office, and only the documents identified on this form by the requestor will be redacted. Once redaction is requested and completed, future redactions require an additional redaction request.

**PUBLIC RECORD:** This form is itself a public record. If a copy of it is requested, all exempt information contained in this form will be redacted.

**RELEASE TO GOVERNMENTAL AGENCIES:** An unredacted version of the documents referenced in this form will be provided to the Property Appraiser and Tax Collector to allow them to perform their governmental duties and responsibilities. To redact information held by **OTHER** government agencies, you **must** make a written request directly to those agencies under s. 119.071(4)(d)(4), F.S. For information about redacting information held by the Property Appraiser call 904-827-5500. For information about redacting information held by the Tax Collector call 904-209-2250. If you wish to release your information to other individuals or entities, please complete a *Request to Release Redacted Information on Recorded Documents* form.

**RELEASE FOR TITLE SEARCHES:** an unredacted version of these documents may be provided to title insurers, agents or agencies and attorneys conducting title searches as authorized in s. 28.2221(6)(b), F.S. Notice of any title search release will be sent to the most recent address on the recorded documents or the redaction request provided by the requestor.

**COURTESY NOTICE - RELEASE OF PRIOR REDACTIONS**

If you have previously requested protection of a home address that is no longer your residence, you are required by Florida law to submit a written, notarized request to release the removed information. Please ask the Clerk or recorder for the release form. Releases for other Florida counties must be submitted directly to that county.

**SIGNATURE AND NOTARIZATION**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and signed before me by means of  physical presence or  online  
notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is  
 personally Known to me or  who has produced \_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type, or Stamp Name of Notary Public