

VICTIM REQUEST FOR NON-DISCLOSURE
(FL Constitution, Article I, §16 (b), effective 1/8/2019)
PROVIDE TO SAO. DO NOT PROVIDE TO CLERK
Amended April 2021

Name of Victim: _____

SCSO Case No.: _____

Victim Address and phone numbers: _____

Every victim is entitled to the following right, beginning at the time of his or her victimization: “[T]he right to prevent disclosure of information or records that could be used to locate or harass the victim or the victim’s family, or which could disclose confidential or privileged information of the victim.” Additional victim’s rights under the Florida Constitution have been summarized in a pamphlet provided to you.

If you are seeking to prevent disclosure, the Seminole County Sheriff’s Office intends to redact the following information from records/reports when responding to a public record request pursuant to Chapter 119: your address, and telephone number, date of birth, social security number, driver’s license number and e-mail address. Such redaction would apply only in the above case number listing you as a victim and only in response to a public record request pursuant to Chapter 119 Florida Statute for this case.

ADDITIONALLY, RECORDS/REPORTS CONTAINING THE ABOVE DESCRIBED INFORMATION WILL STILL BE SHARED WITH OTHER GOVERNMENT AGENCIES IN FURTHERANCE OF SUCH AGENCY’S OFFICIAL DUTIES AND RESPONSIBILITIES. THIS INCLUDES, BUT IS NOT LIMITED TO, THE OFFICE OF THE STATE ATTORNEY AND THE CLERK OF COURT FOR THE EIGHTEENTH JUDICIAL CIRCUIT. THE SEMINOLE COUNTY SHERIFF’S OFFICE HAS NO CONTROL OVER WHAT ANOTHER AGENCY DOES WITH YOUR INFORMATION.

The Sheriff will provide the State Attorney Notice that you made a non-disclosure request under Marsy’s Law by providing them a copy of this form. Any action by the Sheriff’s Office in response to your request for non-disclosure does not replace or negate your Constitutional Right to seek a Court Order to enforce victim rights afforded under Art. I, Section 16 of the Florida Constitution or your ability to provide a separate request to the Clerk of Court or State Attorney’s Office.

_____ **I REQUEST MY INFORMATION NOT BE DISCLOSED IN A PUBLIC RECORD REQUEST.** I understand that upon the expiration of five (5) Years from the date below, if I wish to continue to prevent the disclosure of information and/or records in the above listed case number, I must complete and submit a new Victim Request for Non-Disclosure Form. I also understand that my information and/or records/reports with my information will be shared with other governmental agencies in an un-redacted form and that the Seminole County Sheriff’s Office has no control over whether other governmental agencies disclose my information and/or records/reports with my information un-redacted.

A Victim Request for Non-Disclosure Form must be completed in the presence of a Seminole County Sheriff’s Office Representative and submitted by: Providing the election form to the agency representative involved in my case or by appearing in person at the Seminole County Sheriff’s Office, Records Section, 100 Eslinger Way, Sanford, Florida 32773; or Contacting the Seminole County Sheriff’s Office, Victim Advocate Unit at 407-665-6650.

Victim Signature: _____ **Date:** _____
(If the victim is under age 18, a parent or guardian’s signature should be obtained)

Parent/Guardian Signature: _____ **Date:** _____ **Parent/Guardian Printed Name:** _____

To be filled out ONLY by SCSO Deputy or Civilian Employee

Witness: _____ **ID#** _____

APPEARANCE INPUT: As indicated in the Victim Rights pamphlet the victim has a right to be heard in any public proceeding involving pretrial or other release. If the accused is seen by the Court at a First Appearance and you do not intend to appear but would like your input known, please indicate this below:

- I request the judge to order the defendant to have: _____ absolutely no contact with me; **OR** _____ non-violent contact with me.
- I request the judge order the defendant to be placed on an EMPACT monitor/Electronic Monitor/GPS: _____ Yes **OR** _____ No.
- I request that the defendant be ordered to NOT return to the following locations: (note, this form will be provided to the Office of the State Attorney un-redacted. Additionally, your name and this address information will appear in a No Contact Order. It is our understanding that names where applicable may be included in charging documents filed by the State Attorney’s Office and names and contact information might also be provided in discovery materials given to the accused by the State): _____

_____ I understand that my name and this address information will appear in a **No Contact Order** or Order for **EMPACT GPS Monitoring**, which must be disclosed to the Defendant, so he is aware of the locations he is not allowed to go to and the people he is not allowed to have contact with. **Knowing this disclosure, I still request these Orders.**

- I request that my information be forwarded to _____ Safehouse _____ Victims Services. (initial each as appropriate)
- Telephone Number of the Victim should the State Attorney’s Office need to contact you regarding this input: _____