

Confidentiality Request Form

I am filing this request for confidentiality in the Hillsborough County Official Records in accordance with Florida Statute 119.071(4) or 119.071(5)(i). I hereby swear or affirm that the following information is true and correct.

I attest that I am an individual covered under Section 119.071(4) or 119.071(5)(i) Florida Statutes as:

I am an _____ active or _____ former
_____ spouse of an active or _____ spouse of a former
_____ child of an active or _____ child of a former

- _____ Law Enforcement Personnel
 - _____ Correctional
 - _____ Correctional Probation Officer
- _____ Dept. of Children and Families investigative employee whose duties include:
 - _____ abuse _____ neglect _____ exploitation
 - _____ fraud _____ theft _____ other criminal activities
- _____ Dept. of Health personnel whose duties support the investigation of child abuse or neglect
- _____ Department of Revenue or Local Government employee with responsibility for:
 - _____ revenue collection **and** enforcement
 - _____ child support enforcement
- _____ State Attorney & Assistant State Attorneys
- _____ Public Defender & Assistant Public Defender
- _____ Criminal Conflict & Civil Regional Counsel
- _____ Assistant Criminal Conflict & Assistant Civil Regional Counsel
- _____ Statewide Prosecutors & Assistant Statewide Prosecutors
- _____ Certified Firefighter
- _____ State Court Justice or Judge (state type: _____)
- _____ Code Enforcement Officer
- _____ General & Special Magistrates
- _____ Guardian Ad Litem
- _____ Human Resources, Labor Relations, Employee Relations (local gov't or water management district)
- _____ Department of Juvenile Justice
 - _____ Probation Officers _____ Probation Supervisors
 - _____ Detention Officers & Supervisors _____ Sr. Detention Officers
 - _____ Detention Officers _____ House Parent Supervisors
 - _____ Detention & Assistant Superintendents _____ Group Treatment Leaders
 - _____ House Parents I & II _____ Rehabilitation Therapists
 - _____ Social Services Counselor
 - _____ Group Treatment Leader Supervisors
- _____ Judges of Compensation Claims
- _____ Administrative Law Judges (DOAH)
- _____ Child Support Enforcement Hearing Officer
- _____ United States Attorney _____ Assistant United States Attorney
- _____ District Court Judge _____ District Court Magistrates
- _____ Circuit Court of Appeals Judge
- _____ Dept of Business & Professional Regulation Investigators or Inspector
- _____ County Tax Collector
- _____ Dept of Health Investigator or Inspector with responsibility for determining eligibility or prosecution of health care facilities or practitioners
- _____ Impaired Practitioner Consultants
- _____ Service member of the Armed Forces of the United States, a reserve component of the Armed Forces or the National Guard who served after September 11, 2001.

Please print clearly or use a typewriter to complete the following lines:

My full name is _____

Other names that I may have used: _____
