

**Clerk of the Circuit Court and Comptroller  
Thirteenth Judicial Circuit  
Hillsborough County**

**Request To Remove Confidential Information**

Pursuant to Florida Statute 119.0714(2)(a), “Until January 1, 2011, if a social security number or a bank account, debit, charge, or credit card number is included in a court file, such number may be included as part of the court record available for public inspection and copying unless redaction is requested by the holder of such number or by the holder's attorney or legal guardian.”

Florida Statute 119.0714(2)(b), “A request for redaction must be a signed, legibly written request specifying the case name, case number, document heading, and page number. The request must be delivered by mail, facsimile, electronic transmission, or in person to the clerk of the court. The clerk of the court does not have a duty to inquire beyond the written request to verify the identity of a person requesting redaction.”

**Instructions:** Please fill out the attached request form and return to the proper department.

**Mailing Address:**

Clerk of the Circuit Court  
Attn: Family Law  
P.O. Box 3450  
Tampa, FL 33601

Clerk of the Circuit Court  
Attn: Circuit Civil  
P.O. Box 989  
Tampa, FL 33601

Clerk of the Circuit Court  
Attn: County Civil  
P.O. Box 1110  
Tampa, FL 33601

**Physical Address:**

Family Law  
1st Floor  
Room 101  
George E. Edgecomb Courthouse  
800 East Twiggs Street  
Tampa, Florida 33601

Circuit Civil  
5<sup>th</sup> Floor  
Room 530  
George E. Edgecomb Courthouse  
800 East Twiggs Street  
Tampa, Florida 33601

County Civil  
1<sup>st</sup> Floor  
Room 103  
George E. Edgecomb Courthouse  
800 East Twiggs Street  
Tampa, Florida 33601

**REQUEST FOR REMOVAL OF INFORMATION FROM COURT FILE**

**Information To Be Removed FS 119.0714**

Social Security Number

Bank Account, Credit, Debit or Charge Card Number

**PLEASE NOTE: Driver License Numbers  
May Not Be Removed By The Clerk**

\_\_\_\_\_  
Name of Requestor:

\_\_\_\_\_  
Phone Number (required)

**Relationship to Requestor**

Self

Attorney

Legal Guardian

**The Clerk will remove only the information specified in this request.**

For removal of Social Security, Bank Account, Credit, Debit or Charge Card Number from Court Records, please complete the following information.

<u>Case #</u>	<u>Case Style</u>	<u>Document Title</u>	<u>File Date</u>	<u>Page #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Signature of Requestor:

\_\_\_\_\_  
Date of Request

**NOTE: Only information authorized by Florida Statutes to be redacted/removed may be removed from a document by the Clerk.**

\_\_\_\_\_  
For Office Use Only:

Request Completed: \_\_\_\_\_ Clerk Completing Request: \_\_\_\_\_