Florida Commission on Ethics

Public Records Exemption Request

Florida law provides that an agency shall treat social security numbers, bank account numbers, and debit, charge, and credit card numbers as automatically exempt from public disclosure. In addition, Florida law allows eligible persons to submit a written and notarized request that a non-employing agency maintain as exempt from public disclosure certain identification and/or location information contained in records within the agency's custody.

The person entitled to the additional exemptions must submit a written and notarized request directly to this agency to maintain the exemption to the records in our custody. § 119.071(4)(d)3., F.S. You are not required to use this form; however doing so will help us keep your information confidential. Please return this completed form or a written and notarized request to: Florida Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317.

If you or your spouse qualify; or if you are the child of someone who qualifies; you are eligible to receive additional public records exemptions. Please check the box for any of the following that apply:

Active or Former:
☐ Sworn or civilian law enforcement personnel, including correctional and correctional probation officers.
☐ Department of Children and Families personnel whose duties include investigating criminal activities.
☐ Department of Health personnel whose duties are to support the investigation of child abuse or neglect.
☐ Department of Revenue or local government personnel whose responsibilities include revenue collection and enforcement or child support enforcement.
Current or Active:
General magistrate, special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, or child support enforcement hearing officer.
☐ County Tax Collector.
☐ Child protection team members.
☐ Judicial Assistants assigned a class code of 8140, 8150, 8310, & 8320.
☐ County Attorney, Assistant County Attorney, or Deputy County Attorney, unless qualified as a candidate to public office.
☐ City Attorney, Assistant City Attorney, or Deputy City Attorney, unless qualified as a candidate to public office.
☐ Circuit Court Clerk, Deputy Circuit Court Clerk, or Circuit Court Clerk Personnel.
Current or Former:
Department of Financial Services nonsworn investigative personnel whose duties include investigating criminal activities, workers' compensation coverage requirements and compliance, or state regulatory requirement violations.
☐ Supreme Court Justice, or judge of district court of appeal, circuit court, or county court.
☐ State attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor.
 Public defender, assistant public defender, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel.
Human resource, labor relations, or employee relations director, assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring/firing employees, labor contract negotiation, administration, or other personnel-related duties.
☐ Code Enforcement Officer.
☐ Guardian ad litem, as defined in s. 39.820, F.S.
Department of Business and Professional Regulation investigator or inspector.
☐ Impaired practitioner consultant retained by an agency, or employees of such a consultant.
Department of Health personnel involved in determining or adjudicating eligibility for social security disability benefits, investigating or prosecuting complaints filed against health care practitioners, or inspecting health care practitioners or health care facilities licensed by the Department of Health.
□ Juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, juvenile justice detention officers I and II, juvenile justice detention officer supervisor, juvenile justice residential officer, juvenile justice residential officer supervisors I and II, juvenile justice counselor, juvenile justice counselor supervisor, human services counselor administrator, senior human services counselor administrator, rehabilitation therapist, or social services counselor of the Department of Juvenile Justice.
☐ Certified emergency medical technician or paramedic.
☐ Personnel employed in an agency's office of inspector general or internal audit department whose duties include auditing or investigating activities that could lead to criminal prosecution or administrative discipline.

Nonsworn investigative personnel of the Office of Final criminal activities related to fraud or theft, and violation.	ncial Regulation whose duties include investigating fraud, theft, of state regulatory requirements.
Staff and domestic violence advocates of domestic viole under Chapter 39, F.S.	nce centers certified by the Department of Children and Families
☐ Inspectors or Investigators of the Department of Agricult	ure and Consumer Services.
☐ Child Advocacy Center Directors, managers, supervisors,	and clinical employees.
 County addiction treatment facility directors, managers, supervisors, nurses, and clinical employees. U.S. Attorney or Assistant U.S. Attorney, U.S. Courts of Appeal judge, U.S. district judge, or U.S. magistrate.* 	
Victim of sexual battery, aggravated child abuse, aggrava (if applicable, must attach official verification that crime crime, not to the spouse or child of the victim).**	ted stalking, harassment, aggravated battery, or domesticviolence occurred; exemption applies only to individual victim of specified
 Public guardians, and those employees of public guardia 	s with fiduciary responsibilities. ***
☐ Yes, I qualify ☐ Yes, my spouse	qualifies
Printed Name:	
Phone Number:	
The residence address(es) you wish us to maintain a	s confidential
The residence address(es) you wish us to maintain a	s confidential
The residence address(es) you wish us to maintain a	s confidential
The residence address(es) you wish us to maintain a	s confidential
	ATH
I, the person whose name appears above, do depos	PATH
<u></u>	OATH STATE OF FLORIDA COUNTY OF
I, the person whose name appears above, do depos on oath or affirmation and say that the information disclosed on this form and any attachments hereto	STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,
I, the person whose name appears above, do depos on oath or affirmation and say that the information disclosed on this form and any attachments hereto	STATE OF FLORIDA COUNTY OF S Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of, 20 by
I, the person whose name appears above, do depos on oath or affirmation and say that the information disclosed on this form and any attachments hereto true, accurate, and complete.	STATE OF FLORIDA COUNTY OF S Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of, 20 by
I, the person whose name appears above, do depos on oath or affirmation and say that the information disclosed on this form and any attachments hereto true, accurate, and complete.	STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of, 20 by [Signature of Notary Public – State of Florida)
I, the person whose name appears above, do depos on oath or affirmation and say that the information disclosed on this form and any attachments hereto true, accurate, and complete.	STATE OF FLORIDA COUNTY OF S Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of , 20 by (Signature of Notary Public – State of Florida) (Print, Type, or Stamp Commissioned Name or Notary Public)

form, person certifies that he or she has made reasonable efforts to protect such information form being accessible through other means available to the public.

^{** –} Exemption valid for 5 years from date of request. If this category is selected, person only needs to provide a signature and official verification that crime occurred, and does not otherwise have to complete the "Oath" section of this Request.

^{*** -} If this category is selected, person only needs to provide a signature and does not otherwise have to complete the "Oath" section of this Request.