



CLAY COUNTY SHERIFF'S OFFICE
Clay County, Florida



Victims Right to Confidentiality Form
(FL Constitution, Article 1, §16(b), effective 1/8/2019)

Case Number: _____

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."

I, _____, as the victim, invoke my right to prevent disclosure of information and/or records in the above listed case number that could be used to locate or harass me or my family, or which could disclose my confidential or privileged information for **THREE (3) YEARS** from the date set forth below.

I understand that upon the expiration of Three (3) Years, 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 Victims Right to Confidentiality Form. I further understand that this request applies only to records kept by the Clay County Sheriff's Office, and will have no impact on records held by the Courts, Clerk of Courts, State Attorney's Office, or other government agencies. It is my responsibility to contact other agencies to invoke my right to prevent the disclosure of my information.

Victim's Right to Confidentiality Forms must be completed and submitted by:

- Contacting the Clay County Sheriff's Office, Records Section, 901 N. Orange Avenue, Green Cove Springs, FL 32043, between the hours of 8am-5pm, Monday through Friday at (904) 213-6090

Victim's Name: _____
(Print or Type)

Victim Signature: _____ **Date:** _____
(If the victim is a minor, a parent or guardian's signature should be obtained)

Parent/Guardian Name: _____
(Print or Type if the victim is a minor)

Parent/Guardian Signature: _____ **Date:** _____
(If the victim is a minor)