[0130] | VICTIM REQUEST FOR PUBLIC RECORDS EXEMPTION

Case or CCR #: _____

Pursuant to F.S. section 119.071(2)(j)1, I verify that I am the victim of one or more of the following offenses: sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence.

I understand that any information not otherwise confidential or exempt from F.S. section 119.07(1) which reveals my home or employment telephone number, home or employment address, or personal assets will be exempt from disclosure for a period of five (5) years after the execution and receipt of the request by the Jacksonville Sheriff's Office in response to my (the victim's) request.

I understand that a federal or state government agency that is authorized to inspect any of the referenced information may be granted the ability to review the documents/information when authorized by applicable law.

I, _____ request that the Jacksonville Sheriff's Office not release any information set forth in F.S. section 119.071(2)(j)1.

Name (Please Print)

Signature

Date

Please Mail, Fax or Email to:

Jacksonville Sheriff's Office
Attn: Central Records
501 E. Bay Street, Jacksonville, FL 32202

Fax: (904) 630-7641 | Public.Records@JaxSheriff.org