



SHARON R. BOCK
 Clerk & Comptroller
 Palm Beach County

Confidentiality Request Form for Victims of Violent Crime

INSTRUCTIONS

Complete the following information. Mail the signed original document, along with official verification that an applicable crime has occurred, to: **Sharon R. Bock, Clerk & Comptroller of Palm Beach County, P.O. Box 4177, West Palm Beach, FL 33402-4177**. You may also submit the form in person. For locations and directions, visit www.mypalmbeachclerk.com. Faxed copies cannot be accepted.

Information qualifying for redaction under F.S. 119.071(2)(j)1 includes any home or employment telephone number, home or employment address, or personal assets.

GENERAL INFORMATION

Last Name:		First Name:		Middle:	
Other Names I Have Used:					
Home Address:					
City:		State:		Zip:	
Home Phone Number:		Business Phone Number:			
Business Address:					
City:		State:		Zip:	
Personal Assets: (specifically list those revealed in document(s) listed below)					

DOCUMENTS

Please list all the documents you wish to be made confidential. The Clerk's office is authorized to address only those documents specified below. Visit our website at www.mypalmbeachclerk.com and search the Official Records listing to obtain document name and book/page information.

Any documents submitted for recording after the date of this request must be accompanied by a new request.

Document Name	Book & Page <i>(List specific page containing qualifying information)</i>

STATEMENT

I am filing this request for confidentiality and do attest that I am an individual covered under F.S. 119.071(2)(j)1 and provide the attached official verification that a crime has occurred. I understand that this verification is subject to legal review. I hereby swear or affirm that the above information is true and correct.

The information provided on this request for confidentiality is itself to be kept confidential. The information may only be used by the Palm Beach County Clerk's staff in order to process my request for confidentiality. I agree to indemnify and hold blameless the Clerk & Comptroller of Palm Beach County and the staff for actions or reactions that may be a direct or indirect result of my request for confidentiality.

Signature:		Date:	
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OFFICIAL USE ONLY

Verified by: _____ Date: _____ Completion of Request by: _____ Date: _____