



IN THE CIRCUIT COURT OF THE 11<sup>TH</sup> JUDICIAL CIRCUIT  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA.

NO. \_\_\_\_\_

REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION  
FROM PUBLIC RECORDS (F.S. 119.071)

I, \_\_\_\_\_ request to have exempt personal information removed from records maintained by the Miami-Dade County Clerk of Courts in accordance with F.S. 119.071. I hereby affirm that the following information is true and correct.

**Exempt information held under F.S. 119.071 or F.S. 493.6122 or F.S. 741.465 as (select all that apply):**

- Current/former government agency employee in the category checked below
- Spouse of a current/former government agency employee in the category checked below
- Child(ren) of a current/former government agency employee in the category checked below

**Check the appropriate item:**

- Victim of a Crime [FS 119.071(2)(j)1.]
- Victim of Sexual Battery, Aggravated Child Abuse, Aggravated Stalking, Harassment, Aggravated Battery, or Domestic Violence [FS 119.071(2)(j)1.]
- Personnel of any Criminal Justice Agency [FS 119.071(4)(c)]
- Civilian Law Enforcement Personnel [FS 119.071(4)2.a(l)]
- Department of Children and Families, Department of Health, Department of Revenue [FS 119.071(4)(d)2.a.(l)]
- Firefighter [FS 119.071(4)(d)2.b]
- Justices of the Supreme Court, District Court of Appeal Judges, Circuit Court Judges and County Court Judges [FS 119.071(4)(d)2.c.]
- State Attorney, Assistant State Attorneys, Statewide Prosecutors, or Assistant Statewide Prosecutors [FS 119.071(4)(d)2.d.(l)]
- General Magistrates, Special Magistrates, Judges of Compensation Claims, Administrative Law Judges of the Division of Administrative Hearings, and Child Support Enforcement Hearing Officers [FS 119.071(4)(d)2.e.]
- Human Resources, Labor Relations, or Employee Relations Directors, Assistant Directors, Managers, or Assistant Managers [FS 119.071(4)(d)2.f.]
- Code Enforcement Officers [FS 119.071(4)(d)2.g]
- Guardian Ad Litem [FS 119.071(4)(d)2.h.]
- Juvenile Justice, Superintendents, Counselors, Rehabilitation Therapists *(also applies to Supervisors of these employees)* [FS 119.071(4)(d)2.i.]
- Public Defenders, Assistant Public Defenders, Criminal Conflict and Civil Regional Counsel, and Assistant Criminal Conflict and Civil Regional Counsel; [FS 119.071(4)(d)2.j.(l)]
- Investigators or Inspectors of the Department of Business and Professional Regulation [FS 119.071(4)(d)2.k.]
- County Tax Collectors [FS 119.071(4)(d)2.l.]
- Personnel of the Department of Health [FS 119.071(4)(d)2.m.]
- Impaired Practitioner Consultants [FS 119.071(4)(d)2.n.]
- Private Investigative, Private Security, and Repossession Services-Class "C", "CC", "E", "EE" Security License [FS 493.6122]
- Victim of Domestic Violence [FS 741.465]

**For Clerk Use Only**

**\*\* Requestor must present photo ID and documentation to support the above selection(s).**

Type of Photo ID and Number: \_\_\_\_\_ Submitted Documents: \_\_\_\_\_

**INFORMATION TO BE REDACTED**

*The following section is to be completed during or after a visit to the Miami-Dade County Clerk's Office.*

<u>Instrument Number</u>	<u>Book</u>	<u>Page</u>	<u>Court Case No.</u>	<u>Doc. Date</u>	<u>Doc. Title</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**REQUEST FOR REDACTION OF EXEMPT PERSONAL INFORMATION  
FROM PUBLIC RECORDS (F.S. 119.071)**

NO. \_\_\_\_\_

Documents other than Official/Court Records: \_\_\_\_\_

Name and Location of School/Daycare Facility of Child(ren): \_\_\_\_\_

List of Family Member(s) and Date(s) of Birth: \_\_\_\_\_

**AGREEMENT**

I understand that this Redaction Form is itself a public record and subject to disclosure. However, if a copy is requested, all exempt information contained herein will be redacted prior to release.

I agree to hold harmless the Office of Miami-Dade County Clerk of Courts and its staff for any direct or indirect claims or damages that may arise in connection with this request. Further, I acknowledge that I have identified those documents of record, pertaining to me, my spouse or my child(ren) which I want redacted.

As a result of my request, I hereby agree that the Miami-Dade County Clerk's Office has my permission to modify a copy of my public records in accordance with FS 119.071. I understand that only the modified copy will be made available to the public, unless otherwise ordered by a court of competent jurisdiction.

**Warning: Providing false information is punishable by law, as a violation of F.S. 831.01 and other pertinent sections.**

**REQUESTOR CONTACT INFORMATION**

Print Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**JUAN FERNANDEZ-BARQUIN  
CLERK OF THE COURT AND COMPTROLLER  
MIAMI-DADE COUNTY  
CIRCUIT AND COUNTY COUNTS**

By: \_\_\_\_\_  
Deputy Clerk