

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.

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.

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.

Please check the box for any of the following that apply, and sign and notarize this form on the third page.

Current:

- ☐ Elected members of the United States House of Representatives and elected or appointed to serve as a member of the United States Senate.

- If this exemption applies, you must indicate

1. Date of election or appointment to public office: _____
2. Date on which you are subject to next election: _____
3. If applicable, the date on which your minor child reaches the age of majority: _____

- ☐ Governor, Lieutenant Governor, Chief Financial Officer, Attorney General, Agriculture Commissioner, state representative, state senator, property appraiser, supervisor of elections, school superintendent, school board member, mayor, city commissioner, or county commissioner.

- If this exemption applies, you must indicate

1. Date of election or appointment to public office: _____
2. Date on which you are subject to next election: _____
3. If applicable, the date on which your minor child(ren) reaches the age of majority: _____

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.

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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.
- ☐ Certified firefighter.
- ☐ Nonsworn investigative personnel of the Office of Financial Regulation whose duties include investigating fraud, theft, criminal activities related to fraud or theft, and violations of state regulatory requirements.
- ☐ Staff and domestic violence advocates of domestic violence centers certified by the Department of Children and Families under Chapter 39, F.S.
- ☐ Inspectors or Investigators of the Department of Agriculture 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.*
- ☐ Military Personnel employed by the United States Department of Defense who are either authorized to access information deemed "secret" or "top secret," or who are members of a "special operations force," as defined in s. 943.10(22), F.S.*
- ☐ Victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence (if applicable, must attach official verification that crime occurred; exemption applies only to individual victim of specified crime, not to the spouse or child of the victim).**
- ☐ Public guardians, and those employees of public guardians with fiduciary responsibilities. ***

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* – 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. By signing this form, person certifies that he or she has made reasonable efforts to protect such information from 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.

☐ Yes, I qualify

☐ Yes, my spouse qualifies

☐ Yes, my parent qualifies

Printed Name: _____

Phone Number: _____

The residence address(es) you wish us to maintain as confidential: _

OATH

I, the person whose name appears above, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is 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 REPORTING OFFICIAL OR CANDIDATE

(Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name or Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____