



**SANFORD POLICE DEPARTMENT
DO NOT FILE WITH THE CLERK**

Marsy's Law FL Constitution, Article I, §16(b)
Victim Right to Confidentiality



Name of Victim: _____ Sanford Case # _____

The Sanford Police Department strives to assure that every victim knows the rights entitled to them under Florida Law. Effective January 1, 2019 every victim has "the right to prevent disclosure of information or records that could be used to locate or harass the victim or victim's family, or which could disclose confidential or privileged information of the victim."

If you request to have your information exempt from public disclosure pursuant to Chapter 119, the Sanford Police Department will treat your personal information as confidential and exempt from public record. This will include your address, telephone number, date of birth, social security number, driver's license number and e-mail address.

Please indicate your choice below by placing your initials next to the corresponding option and placing your signature on the bottom of this form (This form is not valid if not signed in the presence of Law Enforcement or other notary):

_____ **I REQUEST MY PERSONAL INFORMATION NOT BE DISCLOSED PURSUANT TO A PUBLIC RECORDS REQUEST.** I understand that this request pertains only to the above listed case number. Furthermore, I understand that upon the expiration of five (5) years from the date of execution of this request I am responsible for the completion and submission of a new Victim Right to Confidentiality form to the Sanford Police Department for evaluation. I further understand that this request does not pertain to other governmental agencies and offices who would ordinarily be provided with my information in the normal course of business to include but not limited to: Any other Law Enforcement Agency and agents thereof, the Office of the State Attorney, and the Clerk of the Court.

_____ **I WAIVE MY RIGHT TO REQUEST NON-DISCLOSURE AT THIS TIME BUT UNDERSTAND I RESERVE THE RIGHT TO MAKE THIS REQUEST IN THE FUTURE.**

_____ **I UNDERSTAND THAT THE SANFORD POLICE DEPARTMENT IS NOT RESPONSIBLE OR LIABLE FOR THE RELEASE OF MY INFORMATION PERTAINING TO THE ABOVE LISTED CASE # BY ANY OTHER LAW ENFORCEMENT AGENCY OR GOVERNMENT BODY.**

Victims Signature: _____ **Date:** _____
(Parent or Guardians signature required if the victim is under the age of 18)

Parent/Guardian: _____ **Date:** _____

Law Enforcement/Notary Signature: _____ **ID#** _____ **Date:** _____

<p>First Appearance Input</p> <p>As indicated in the Victim's Rights Pamphlet the victim has the right to be heard in any public proceeding involving pretrial or other release from any form of legal constraint, plea, sentencing, adjudication, or parole, and any other proceeding during which a right of a victim is implicated. Upon arrest, the defendant will be seen at a First Appearance unless they have already made bond pursuant to Administrative Order and are no longer in custody. If the accused is seen at First Appearance and you do not intend to appear but would like your input known please indicate below what you would like conveyed:</p> <p>I request the Judge order the defendant to have: _____ Absolutely no contact with me; OR _____ Non-violent contact with me.</p> <p>I request the defendant be placed on EMPACT monitoring/ GPS: _____ Yes _____ No</p> <p>I request the defendant be ordered NOT to return to the following location(s): _____</p> <p>Telephone Number I can be reached at: _____ (This will be used if additional input is needed by the SAO)</p>
