



VICTIM REQUEST FOR NON-DISCLOSURE

(FL Constitution, Article I, §16 (b), effective 1/8/2019)

DO NOT FILE WITH CLERK

Name of Victim: _____ **OVPD Case No.:** _____

Every victim is entitled to the following right, beginning at the time of his or her victimization: “[T]he right to prevent disclosure of information or records that could be used to locate or harass the victim or the victim’s family, or which could disclose confidential or privileged information of the victim.” Additional victim’s rights under the Florida Constitution have been summarized in a pamphlet and provided to you.

If you are seeking to prevent disclosure, the Oviedo Police Department intends to redact the following information from records/reports when responding to a public record request pursuant to Chapter 119: your name, address, telephone number, date of birth, social security number, driver’s license number and e-mail address. Such redaction will apply only in the above case number listing you as a victim and only in response to a public record request pursuant to Chapter 119 Florida Statute for this case number. Other cases may be separately requested by completing a separate form for each case.

Any action by the Oviedo Police Department in response to your request for non-disclosure does not replace or negate your Constitutional Right to seek a Court Order to enforce victim rights afforded under Art. I, Section 16 of the Florida Constitution.

By signing below, I REQUEST MY INFORMATION NOT BE DISCLOSED IN A PUBLIC RECORD REQUEST. I understand that my information and/or records/reports with my information will be shared with other governmental agencies in an un-redacted form and that the Oviedo Police Department has no control over whether other governmental agencies disclose my information and/or records/reports with my information un-redacted.

Victim Signature: _____ **Date:** _____
(If the victim is under age 18, a parent or guardian’s signature should be obtained)

Parent/Guardian Printed Name: _____

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

To be filled out ONLY by OVPD sworn officer or Civilian Employee

Witness Signature: _____ **ID#:** _____ **Date:** _____

Witness Name Printed: _____