



# **WAKULLA COUNTY SHERIFF'S OFFICE**

## **Marsy's Law - Request to Prevent Disclosure**

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### **Request to Prevent Disclosure of Information and Records**

WCSO Case #: \_\_\_\_\_

Defendant(s) Name: \_\_\_\_\_

Check all that apply:      Juvenile      Adult      Misdemeanor      Felony

As a victim of a crime, the Florida Constitution gives you the right to prevent the disclosure of information or records which could be used to locate or harass you and your family, or which could disclose your confidential or privileged information. By signing this form, you are asserting that you wish for the Wakulla County Sheriff's Office to take steps to lawfully implement that right.

I, \_\_\_\_\_, request that the Wakulla County Sheriff's Office take all necessary steps to prevent the disclosure of information or records in this case which could be used to locate and/or harass me or my family, or could disclose my confidential or protected information.

Please provide us with the names and dates of birth for any family members whose information or records you would like to prevent disclosure in this case:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

This request will inform us of your wish to prevent disclosure of your information in this case only.

If you believe the Wakulla County Sheriff's Office has other records for you or your family in any existing cases, please provide the information below. If you do not currently have the information available, or if any cases with your information arise in the future, you may provide that information to us during normal operating hours at the Wakulla County Sheriff's Office located at 15 Oak Street, Crawfordville, FL 32327.

If you believe other law enforcement, or other public agencies, have information or records you wish to prevent being disclosed, you should contact them directly. There may be occasions during the judicial process where your information may need to be disclosed to other parties. Please contact the State Attorney's Office at 850-926-0914 for more information.

Additional information (please provide Wakulla County Sheriff's Office case numbers): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Return this completed form to the Criminal Investigation Division\*\***

\_\_\_\_\_  
Your Signature      Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Employee Receiving Request      Date

\_\_\_\_\_  
Printed Name and Title