

IN THE CIRCUIT/COUNTY COURT OF  
THE SECOND JUDICIAL CIRCUIT IN  
AND FOR LEON COUNTY, FLORIDA

STATE OF FLORIDA

Case No.: \_\_\_\_\_

vs.

Agency Report # \_\_\_\_\_

\_\_\_\_\_  
Defendant

**MOTION FOR CONFIDENTIAL VICTIM INFORMATION UNDER MARSY'S LAW**

The victim named below invokes the right under Article I, Section 16 of the Florida Constitution (Marsy's Law), to prevent disclosure of information and/or records in this case that could be used to locate or harass the victim or victim's family, or which could disclose confidential or privileged information as it pertains **only to this case.**

The following information will be automatically protected upon the filing of this request:

- |                           |                        |
|---------------------------|------------------------|
| a. Crime Victim's Name    | e. Address(es)         |
| b. Aliases                | f. Telephone Number(s) |
| c. Social Security Number | g. E-mail Address(es)  |
| d. Date of Birth          | h. Photographs.        |

Other identifying information in file:

Please check all applicable options and include specific information.

- |  |   |
|--|---|
| <input type="checkbox"/> Victim's Employer & Address<br>_____<br>_____               | <input type="checkbox"/> Spouse's Employer & Address<br>_____<br>_____                |
| <input type="checkbox"/> Name of Victim's Spouse<br>(current and/or former)<br>_____ | <input type="checkbox"/> Name(s) of Victim's Child(ren)<br>_____                      |
| <input type="checkbox"/> Address of Spouse<br>_____<br>_____                         | <input type="checkbox"/> Address(es) of Child(ren)<br>_____<br>_____                  |
|  | <input type="checkbox"/> Child(ren)'s Employer and Address<br>_____<br>_____<br>_____ |

For the above reasons, the undersigned, asks this Honorable Court to enter an order granting his/her motion.

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

\_\_\_\_\_  
Victim/Representative Signature

\_\_\_\_\_  
Date