## LEON COUNTY SHERIFF'S OFFICE



## Marsy's Law - Request to Prevent Disclosure

## Request to Prevent Disclosure of Information and Records

Defendant(s) Name:					
Check all that apply:	Juvenile	Adult	Misdemeanor	Felony	
		•	s you the right to prevent the and your family, or which		

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 Leon County Sheriff's Office to take steps to lawfully implement that right.

I \_\_\_\_\_\_, request that the Leon 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 Leon 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 Leon County Sheriff's Office located at 2825 Municipal Way, Tallahassee, FL 32304, or you may email the completed form to the Records Division at LCSO\_Public\_Records@LeonCountyFL.gov.

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 850-606-6000 for more information.

Additional information (please provide Leon County Sheriff's Office case numbers):

**Return this completed form to the Records I	Division**			
Your Signature	Date	Printed Name		
Signature of Employee Receiving Request	Date	Printed Name and Title		
Distribution: Original to Records				
Originator: Records				
Directive Linked: G.O. 55.1	Page 1 of 1		LCSO - 160-13	(06/19)