

# HILLSBOROUGH COUNTY SHERIFF'S OFFICE

## SWORN STATEMENT FOR VICTIM INFORMATION

Pursuant to ARTICLE 1, SECTION 16 of the Constitution of the State of Florida (also known as "Marsy's Law"), victim information is confidential and exempt from disclosure. Obtaining confidential information by someone who knows they are not entitled to do so is a felony violation.

The undersigned requests a copy of the following:

Case/Report Number(s): \_\_\_\_\_

Victim Name(s): \_\_\_\_\_

The undersigned states that he/she, or the organization they represent, qualifies for immediate disclosure of the report(s) according to the exemption checked below, and does swear/affirm that victim information contained in the report(s) made confidential by constitutional amendment, will not knowingly be disclosed to any third party without the consent of the victim.

- I AM THE VICTIM IN THIS INCIDENT
- I AM A LEGAL REPRESENTATIVE OF THE VICTIM (Fla Bar No. \_\_\_\_\_ )
- A PARENT OR GUARDIAN OF A MINOR WHO IS A VICTIM IN THIS INCIDENT
- THE NEXT OF KIN OF A HOMICIDE VICTIM

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

\_\_\_\_\_  
Agency/Business Represented

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number (Area Code) XXX-XXXX

\_\_\_\_\_  
City, State, and Zip Code

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_, 20 \_\_, by (name of person making statement).

(NOTARY SEAL) \_\_\_\_\_  
(Signature of Notary Public-State of Florida)  
(Name of Notary Typed, Printed, or Stamped)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_