



FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF INVESTIGATIVE AND FORENSIC SERVICES  
200 East Gaines Street  
Tallahassee, FL 32399-0342  
(850) 413-3115

<http://www.MyFloridaCFO.com/division/DIFS/VictimsRights/DIFSVictimsRights.htm>  
[DIFSVictimsRights@myfloridacfo.com](mailto:DIFSVictimsRights@myfloridacfo.com)

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

AGENCY CASE NUMBER: \_\_\_\_\_ DETECTIVE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ DEFENDANT(S) (ADULTS ONLY): \_\_\_\_\_

CHECK ONE:                      JUVENILE                      MISDEMEANOR                      FELONY

As a victim of a crime, the Florida Constitution gives you the right to prevent the disclosure of information or records that could be used to locate or harass you and your family or which could disclose your confidential or privileged information. By signing and submitting this form via mail or [DIFSVictimsRights@myfloridacfo.com](mailto:DIFSVictimsRights@myfloridacfo.com) you are asserting that you wish for the Florida Department of Financial Services, Division of Investigative and Forensic Services ("DIFS") to take steps to lawfully protect and preserve that right.

I, \_\_\_\_\_, request that DIFS take all necessary steps to prevent the disclosure of information or records in this case that could be used to locate or harass me or my family, or which could disclose my confidential or protected information.

Your name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

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

This request will inform us of your wish to have us protect your information in this case only.

If you believe DIFS has other records for you or your family in any existing cases, please provide that information below. If you do not have that information or if any cases with your information arise in the future, you may provide that to us during normal operating hours at the address and phone number above.

If you believe other law enforcement or public agencies have information or records you wish to be protected, you should contact them directly to prevent disclosure of your information. There may be occasions during the judicial process where your information may need to be disclosed to other parties.

Additional information (please provide DIFS case numbers):

**\*\*Return this completed form to the address above, Attention: Victim Disclosure Coordinator\*\***