



VOTER INFORMATION EXEMPTION REQUEST (Form DOS-119; Rev. 7/19)

DUVAL COUNTY, FLORIDA

Mike Hogan, Supervisor of Elections

105 E. Monroe St., Jacksonville, FL 32202

**Please mail to our office
or fax to 904-255-3434
Questions? Call 255-8683**

Florida law allows eligible persons and their employing agencies to request in writing that a non-employing agency maintain as exempt from public disclosure certain identification and/or location information contained in records within the agency's custody. *If an employing agency is requesting for the employee*, add agency name, and requester's name and title, to the signature line.

NOTE: The officer, employee, justice, judge, other person entitled to the exemptions, or employing agency of the designated employee, *must* submit this written request *directly* to a custodial agency in order for the agency to maintain the exemption for the records in its custody.

If your spouse and/or children are subject to your exemption (not applicable for victim* of battery, abuse, harassment, or stalking or for participant* in address confidentiality program), please check here and attach a page with the name, date of birth or voter identification number and relationship of each to assist in identifying each person in any public records within the custody of the agency.

You will be contacted if the information you provide is insufficient to identify you distinctly from someone else similarly named in the records.

I hereby request exemption by your agency based on the following category/categories for which I qualify and have checked below.

- Code Enforcement Officer.
- Dept. of Business and Prof. Reg. investigators and inspectors†
- Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities†
- Dept. of Health personnel whose duties support the investigations of child abuse or neglect
- Dept. of Health personnel whose duties include, or result in, the determination/adjudication of eligibility for social security disability benefits, investigation/prosecution of complaints filed against health care practitioners, or inspection of health care practitioners or health care facilities licensed by the Dept. of Health. †
- Dept. of Financial Services personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations.
- Dept. of Revenue personnel or local government personnel whose duties include revenue collection and enforcement or child support enforcement
- Emergency medical technicians or paramedics certified under chapter 401, F.S. †
- Firefighter certified in compliance with s. 633.408, F.S.
- Guardian ad litem as defined in s. 39.820, F.S.†
- Human resource, labor relations, or employee relations director, assistant director, manager or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.
- Impaired practitioner consultant, retained by an agency, whose duties result in determination of person's skill and safety to practice licensed profession (includes consultant's employees).†
- Justice of Florida Supreme Court; or judge of district court of appeal, circuit court, or county court.
- County Tax Collector. †
- Inspector general or internal audit dept. personnel whose duties include auditing/investigating waste, fraud, abuse, theft, exploitation, or activities that could lead to criminal prosecution or admin. discipline. †
- Judicial or quasi-judicial officer (general/special magistrate, judge of compensation claims, administrative law judge of the Div. of Admin. Hearings, and child support enforcement hearing officer) †
- Juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile justice detention officers I/II., juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisor I II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, senior human services counselor administrators, rehabilitation therapists, and social services counselors of the Dept. of Juvenile Justice.
- Law enforcement personnel including civilian personnel, correctional officers and correctional probation officers
- Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor)
- Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel)
- Member of U.S. Armed Forces, reserve component of U.S. Armed Forces, or National Guard who served after 9/11/2001.†
- U.S. attorney or Assistant U.S. Attorney, U.S. circuit judge, U.S. district judge or U.S. magistrate judge. †
- Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence- Please attach official verification that crime occurred-Exemption for 5 years from date of this request.**
- Certified Participant* in Address Confidentiality Program under s. 741.403, F.S.-Exemption applies only to participant's name, address, and telephone number in voter registration and voting records-Please attach copy of certification or renewal.**

Printed Name: _____ **Phone Number:** _____

Home Address: _____

Voter Registration Number: _____ **Date of Birth** _____

Signature: _____ **Date:** _____

†If specially indicated category selected, person also certifies, by signature herein, that he or she has made reasonable efforts to protect information from being publicly accessible through other means available to the public.

**VOTER INFORMATION EXEMPTION REQUEST
SUPPLMENTAL PAGE**

Printed Name: _____ **Relationship** _____

Home Address: _____

Voter Registration Number _____ **Date of Birth:** _____

Printed Name: _____ **Relationship** _____

Home Address: _____

Voter Registration Number _____ **Date of Birth:** _____

Printed Name: _____ **Relationship** _____

Home Address: _____

Voter Registration Number _____ **Date of Birth:** _____

Printed Name: _____ **Relationship** _____

Home Address: _____

Voter Registration Number _____ **Date of Birth:** _____

Printed Name: _____ **Relationship** _____

Home Address: _____

Voter Registration Number _____ **Date of Birth:** _____

Printed Name: _____ **Relationship** _____

Home Address: _____

Voter Registration Number _____ **Date of Birth:** _____

Printed Name: _____ **Relationship** _____

Home Address: _____

Voter Registration Number _____ **Date of Birth:** _____