

IN THE CIRCUIT/COUNTY COURT OF THE  
ELEVENTH JUDICIAL CIRCUIT IN AND FOR  
MIAMI-DADE COUNTY, FLORIDA

CASE NO.: \_\_\_\_\_

STATE OF FLORIDA,

V.

\_\_\_\_\_  
Defendant

**NOTICE OF CRIME VICTIM OPT-IN TO PREVENT DISCLOSURE OF RECORDS**  
**PURSUANT TO FLORIDA CONSTITUTION ARTICLE I, SECTION 16**  
**("MARSY'S LAW")**

Pursuant to Florida Constitution Article I, Section 16, a victim (including the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim) has the right to prevent the disclosure of information or records that could be used to locate or harass the victim or the victim's family, or which could disclose confidential or privileged information of the victim.

The victim, \_\_\_\_\_, invokes the right to prevent disclosure of information and/or records in the above-listed case and which 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 the above-styled case.

I hereby assert, that I am the victim/the retained attorney of the victim/a lawful representative of the victim, or the Office of the State Attorney, seeking enforcement of the rights enumerated in this Notice, pursuant to Florida Constitution Article I, Section 16. I further attest that I am not the "accused" in the above-styled action.

I understand that this form solely applies to the named victim and if any other victims wish to invoke the protections of Florida Constitution Article I, Section 16; a separate Notice must be filed.

The attached form contains a description of the types of information or records that could be used to locate or harass the victim herein or the victim's family, or which could disclose confidential or privileged information of the named victim, and the named victim hereby requests that this information or records be redacted. Please see attached form.

Victim Signature or lawful Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Any additional or subsequent information sought to be redacted will require the filing of an additional notice identifying such information.

This form will be treated as **confidential** once processed.

CASE NO.: \_\_\_\_\_

Document/Information Type: \_\_\_\_\_

Page Number and Section, if applicable: \_\_\_\_\_

Information To Be Redacted: \_\_\_\_\_

---

---

---

Document/Information Type: \_\_\_\_\_

Page Number and Section, if applicable: \_\_\_\_\_

Information To Be Redacted: \_\_\_\_\_

---

---

---

Document/Information Type: \_\_\_\_\_

Page Number and Section, if applicable: \_\_\_\_\_

Information To Be Redacted: \_\_\_\_\_

---

---

---

(PLEASE USE ADDITIONAL PAGES IF NECESSARY.)