



COCOA BEACH POLICE DEPARTMENT

Marsy's Law Victim's Rights to Confidentiality Form FLA Constitution, Article 1, §16 (b)



Report No.: _____

Date of Incident: _____

Every Victim is entitled to *'The right to prevent disclosure of information or records that could be used to locate or harass the victim or victim's family, or which could disclose confidential or privileged information of the victim. Article I, Section 16 (b) FLA Constitution.'*, beginning at the time of their victimization.

I, (Print name) _____, as the victim, invoke my right to prevent disclosure of my confidential information within the above listed report number that could be used to locate or harass me or my family.

Victim's Right to Confidentiality Form must be completed and submitted by:

- Appearing in person at the Records Unit at Cocoa Beach Police Department at 85 S. Orlando Avenue Cocoa Beach, FL 32931; or
- Emailing the Cocoa Beach Police Department Records Unit at records@cityofcocoabeach.com,
- Or providing the signed form to the Officer on scene conducting the investigation.

Victim Signature: _____

Date: _____

(If the victim is under age 18, a parent or guardian's signature should be obtained)

Parent or Guardian Signature: _____

Date: _____

(If the victim is under age 18)

This form is used to protect your information which may be contained within Cocoa Beach Police Department records under this case and case number. Should you wish to protect your information contained within another case number, please contact the Cocoa Beach Police Department Records Office at the address listed above or by phone at (321) 868-3353 or email at records@cityofcocoabeach.com.

Protections requested by submission of this form do not extend to another agency's records - such as records of the Brevard County Clerk of Court (court records), records of the State Attorney's Office, and records of the Public Defender's Office. To ensure your information is protected to the fullest extent possible, you may wish to contact these offices directly and request protection of your information under Marsy's Law.

For use by CBPD Records Office only:

Date Rec: _____ Date Entered: _____ Employee Initials: _____