

Personal Information Redaction

1 message

Katherine Perez

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Here is the form that needs to be filled out in its entirety, notarized, and originals sent to me at Mail Code 481. Thank you.

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2 attachments

-  **Personal Information Redaction Application.pdf**
42K
-  **Personal Information Redaction Instructions.pdf**
68K

INSTRUCTIONS:
**AFFIDAVIT IN SUPPORT OF APPLICATION TO RESTRICT PUBLIC ACCESS TO
PERSONAL INFORMATION**
(FOR USE BY THOSE LISTED BELOW)

USE THIS FORM IF:

1. You are eligible to apply for the relief under A.R.S. §§ 11-483, 11-484, 12-290, 16-153 and/or 28-454 as a(n):

- Address Confidentiality Program Participant
- Border Patrol Agent
- Code Enforcement Officer
- Commissioner
- Corrections or Detention Officer
- Corrections Support Staff
- Department of Child Safety Employee
- Executive Clemency Board Member
- Firefighter assigned to the Department of Public Safety Counterterrorism Center
- Former Public Official
- Judge or Former Judge
- Justice
- Law Enforcement Support Staff
- National Guard Member supporting a Law Enforcement Agency
- Peace Officer or Peace Officer's Spouse
- Probation Officer
- Prosecutor
- Public Defender
- Spouse or minor child of a Deceased Peace Officer

AND

2. You can show facts sufficient to establish that either your life or safety or the life or safety of your family or other person living at your primary residence is in danger of physical harm and that granting the public access restrictions specified in these statutes will reduce this danger.

TO COMPLETE THIS FORM, YOU WILL NEED:

- A. To restrict public access to your home address and phone number in property-related records maintained by the County Recorder, Assessor or Treasurer:
- The full legal description and book, map, and parcel number of your home.
 - The document locator number and date of recordation of each document on file with these agencies that you want to protect, and
 - A copy of the pages from each such document that show the document locator number and your full name and address or your full name and telephone number.
- B. To restrict public access to your home address and phone number in voter registration records:

- The full legal name and date of birth of everyone with whom you reside whose voting records you wish to have protected. In some circumstances, you also may need to attach new voter registration forms (see information under item 12 below).
- C. To restrict public access to your home address and phone number in Motor Vehicle Division (MVD) records: The date of birth and driver's license number or state identification number for yourself and anyone with whom you reside whose MVD records you wish to have protected, this may include business entities that use your home address to conduct their affairs.

HOW TO COMPLETE THE AFFIDAVIT FORM:

TYPE OR PRINT NEATLY USING **BLACK INK**. THIS IS AN OFFICIAL MANDATORY FORM, DO NOT ALTER THE FORMAT, PAGINATION, OR LINE NUMBERING, OR SUBMIT THIS FORM AS A DOUBLE-SIDED DOCUMENT. You may add extra pages if needed to provide complete information under any item.

All applicants must fill in items 1 - 6, item 7 (if applicable), 8 and 9. Determine which type(s) of records you want to protect, and

- A. Complete items 10 and 11 and include the required attachments if you want to restrict public access to your property-related records maintained by the County Recorder, County Assessor, and County Treasurer.
- B. Complete item 12 if you want to restrict public access to your voting records; you also may need to include new voter registration forms (see instructions below).
- C. Complete items 13 and 14 if you want to restrict public access to your MVD records.

Match each numbered item in the instructions with the same numbered item on the affidavit.

1. Fill in your full legal name.
2. Check the box for each type of record you are seeking to protect.
3. Check the box that describes your job.
4. Provide the name of the law enforcement or other public agency that employs or employed you.
5. Provide your job title, a description of your duties, and how you qualify under statute.
6. Explain why you believe your life or safety or that of someone who lives with you is in danger of physical harm.

7. If you want the court to act immediately on your affidavit, explain why immediate protection is needed. Applicable statutes provide that in the absence of a request for immediate action supported by facts justifying an earlier consideration, the presiding judge may rule on the application at the end of each quarter.
8. Explain why the danger you described in item 6 will be reduced by restricting public access to your home address and phone number in the public records you identified in item 2.
9. Fill in your home address and phone number. This must be the address of your primary residence, not a secondary property you own or use only occasionally.
10. If you want to protect property-related records maintained by the County Recorder, Assessor, and/or Treasurer, provide the parcel number, book, map, and full legal description of your primary residence.
11. If you want to protect property-related records maintained by the County Recorder, Assessor, and/or Treasurer, provide the document locator number and recording date of each instrument to be redacted. The document locator number is also known as the recording number.

PLEASE NOTE: Item 11 requires you to attach a copy of any page from each of the documents you listed that displays your name and primary residential address or your name and phone number. Do not include records that identify only your spouse or some other owner of the property where you reside. To assist the County Recorder, please hand-write on each of these copies the “document locator number” also known as the recording number of the document. You are responsible for ensuring that all your records are listed and attached. The County cannot redact any documents that you have not identified in your affidavit.

12. You have the option of requesting that your household members’ addresses and phone numbers be protected from public access in voting records. To do this, fill in the full name and birth date of each person to be protected on the lines provided. Check the box next to each name if you want to add these individuals to the Permanent Early Voting List. You may be required to attach a completed voter registration form for yourself and these individuals (see below for more information):

PLEASE NOTE: There are two circumstances in which new voter registration forms need to be attached to this affidavit:

- A. **If addresses are changing from what is currently on the voter registration form.** The elections office needs to be able to contact voters by mail; therefore, if there is an address change you need to attach to your affidavit a new voter registration form for each person in the household whose information will be protected. The new registration forms must include a home address (which will be redacted). You have the option to provide an alternate “mailing” address on the voter registration form such as an office address or P.O. Box. If no alternate address is listed, your election materials will be mailed to the residence address on file. *Do not use your employer’s mailing address for any members of your household if your employer has not agreed to accept*

mail on their behalf. If a mailing from the elections office is returned by the Post Office for incorrect address, the household members' names will be moved to an "inactive" voter list, and they may no longer receive election materials by mail, including mail-in ballots.

B. If you want to add yourself or your household members to the Permanent Early Voter List (PEVL). If your request for protection is granted you should always vote by mail in the future to maintain that protection. Should you go to the polls to vote, you will have to vote a provisional ballot, and a publicly-accessible record of voter information will be created which the registrar will not be able to protect. The PEVL is a way for voters to automatically receive an early ballot by mail for all elections in which the county voter registration rolls are used to prepare the voter list. A new voter registration form is necessary to be added to the PEVL. *Participation in the PEVL is merely a convenience for voters and is **not a requirement** for receiving record protection.*

13. If you want to protect your MVD records, provide your name, birth date, and driver's license number or state identification number.

PLEASE NOTE: your MVD record cannot be redacted without your driver's license or state identification number.

14. You have the option of requesting that your household members' addresses and phone numbers be protected from public access in MVD records, including legal entities such as a corporation, partnership, or trust that uses your home address and may be the registered owner of a motor vehicle. Type or print the full name, birth date, and driver's license or state identification number of each person whose records you want to protect. For legal entities, provide the name and the customer number issued by MVD to that entity. If any household members you list are employed as peace officers, they should complete their own affidavits to ensure that MVD will restrict public access to their photograph pursuant to A.R.S. § 28-454(I).

WHEN YOU HAVE COMPLETED THE AFFIDAVIT:

Date and sign the affidavit in the presence of a notary public. The affidavit must be filed with the presiding superior court judge of the county in which you reside. Give your affidavit with all necessary attachments to the commanding officer or supervisor responsible for filing it on your behalf.

PLEASE BE ADVISED this process is designed to protect your primary residential address and phone number in a limited class of public records ONLY. If your application is granted, your home address and phone number may still be publicly-accessible in other public records and commercially-available databases. The length of time your information can be protected will vary depending on the agency involved. You are urged to read all applicable statutes and contact each of the participating agencies directly to determine the consequences and on-going responsibilities associated with restricting public access to your information.

FOR CLERK'S USE ONLY

**AFFIDAVIT IN SUPPORT OF APPLICATION TO RESTRICT PUBLIC ACCESS TO
ADDRESS AND TELEPHONE NUMBERS IN SPECIFIED PUBLIC RECORDS
PURSUANT TO A.R.S. §§11-483, 11-484, 12-290, 16-153, AND/OR 28-454
(FOR USE BY THOSE LISTED IN ITEM 3 ONLY)**

**PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM AND
PRINT ALL REQUIRED INFORMATION IN BLACK INK**

1. I, _____, make the following statements under oath:
Full legal name

2. I submit this affidavit pursuant to (*check only the types of records you are seeking to protect*):

(*For County Recorder records*) A.R.S. §11-483, and request that the court order sealed for five years my residential address and phone number appearing in instruments and writings recorded by the County Recorder and the unique identifiers and recording dates contained in indexes of recorded instruments maintained by the County Recorder.

(*For County Assessor records*) A.R.S. §11-484, and request that the court order sealed for five years my residential address and phone number appearing in instruments, writings and information maintained by the County Assessor.

(*For County Treasurer records*) A.R.S. §11-484, and request that the court order sealed for five years my residential address and phone number appearing in instruments, writings and information maintained by the County Treasurer.

(*For voter registration records*) A.R.S. §16-153, and request that the court order sealed for five years my residential address and phone number and voting precinct number and those of any individuals identified in item 12 below that appear in voter registration records.

(For Motor Vehicle Division records) A.R.S. §28-454, and request that the court order sealed my residential address and phone number and those of any individuals identified in item 14 below that appear in Motor Vehicle Division records. I understand that the order to seal MVD records has no automatic expiration. Address Confidentiality Program Participant records are not eligible for sealing under this provision.

3. I am eligible because I am a(n) (check the description that applies to you):

<input type="checkbox"/> Address Confidentiality Program Participant	<input type="checkbox"/> Judge or Former Judge
<input type="checkbox"/> Code Enforcement Officer	<input type="checkbox"/> Justice
<input type="checkbox"/> Commissioner	<input type="checkbox"/> Law Enforcement Support Staff
<input type="checkbox"/> Corrections or Detention Officer	<input type="checkbox"/> National Guard Member supporting a Law Enforcement Agency
<input type="checkbox"/> Corrections Support Staff	<input type="checkbox"/> Peace Officer or Peace Officer's Spouse
<input type="checkbox"/> Department of Child Safety Employee	<input type="checkbox"/> Probation Officer
<input type="checkbox"/> Executive Clemency Board Member	<input type="checkbox"/> Prosecutor
<input type="checkbox"/> Firefighter assigned to the Department of Public Safety Counterterrorism Center	<input type="checkbox"/> Public Defender
<input type="checkbox"/> Former Public Official	<input type="checkbox"/> Spouse or minor child of a Deceased Peace Officer

as provided in A.R.S. §§11-483 (N), -484(K), 12-290, 16-153(K), or 28-454(K).

4. I am employed by or was formerly employed by (organization name):

5. My current job title and duties include:

6. I believe that my life or safety, or that of my family or other persons living at my residence, is in danger of physical harm for the following reasons:

7. *(Optional – complete this item ONLY if you need immediate record protection)* I request immediate action for the following reasons:

8. Restricting public access to the records I selected in item 2 above will serve to reduce the danger I described in item 6 for the following reasons:

9. My primary residential address and telephone number are:

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

10. *(For County Recorder/Assessor/Treasurer records only)* The identifying numbers relating to my primary residential address are:

Parcel Number: _____

Book & Map Number: _____

Full Legal Description: _____

11. *(For County Recorder/Assessor/Treasurer records only)* The document locator number and date of recordation of each instrument for which I request public access restriction pursuant to A.R.S. §§11-483 and/or 484 are as follows. I have attached a copy of pages from each document that show the document locator number, and either my full legal name and primary residential address or my full legal name and telephone number:

Document locator number	Date of recordation
Document locator number	Date of recordation
Document locator number	Date of recordation
Document locator number	Date of recordation
Document locator number	Date of recordation

12. *(For voter registration records only -- see the instruction sheet for more information)*
 The following are the names and birth dates for each registered voter who resides with me and whose voter registration records should also be redacted. I have informed these individuals that I have applied to have their addresses protected and that they will need to vote by mail in the future in order to keep this information out of the public record. I have also informed them that if they vote in-person at a polling location, they will be required to vote a provisional ballot. I have checked the box for each voter who is requesting to be added to the Permanent Early Voting List (PEVL) to automatically receive an early ballot by mail, and I have attached their completed voter registration forms, so they can be added to the PEVL.

_____	_____	[] add to PEVL
Full legal name	Month/Day/Year of Birth	
_____	_____	[] add to PEVL
Full legal name	Month/Day/Year of Birth	

[] add to PEVL

Full legal name

Month/Day/Year of Birth

[] add to PEVL

Full legal name

Month/Day/Year of Birth

[] add to PEVL

Full legal name

Month/Day/Year of Birth

13. (For your MVD records) My name, birth date and driver's license or state identification number are:

Full legal name

Month/Day/Year of Birth

Driver's License /State I.D. Number

14. (For protecting other household members' MVD records only) The following individuals and/or entities (such as partnerships, corporations) have MVD records that display my primary residential address and/or telephone number and therefore should also be redacted (see the instruction sheet regarding household members who are peace officers):

Full legal name

Month/Day/Year of Birth

Driver's License /State I.D. Number

Full legal name

Month/Day/Year of Birth

Driver's License /State I.D. Number

Full legal name

Month/Day/Year of Birth

Driver's License /State I.D. Number

Full legal name

Month/Day/Year of Birth

Driver's License /State I.D. Number

Full legal name

Month/Day/Year of Birth

Driver's License /State I.D. Number

On the basis of the facts set forth herein, I respectfully request the court to order the sealing of the information and records identified by me in item 2 above.

Date

Affiant's Signature

State of Arizona

County of _____

Subscribed and sworn to (or affirmed) before me on _____ (date)

by _____

Notary Seal

Notary Public