

AFFIDAVIT OF IDENTITY

STATE OF FLORIDA

vs.

Case No. _____

Defendant/Affiant Full Name

In Support of Request for Access to Automatically Sealed Criminal History Record

Before me, the undersigned authority, personally appeared _____ ("Affiant"), who, being duly sworn, states as follows:

1. My full legal name is _____. I am over the age of eighteen (18) and competent to make this affidavit. The facts stated in this affidavit are true and based on my own personal knowledge, and if called as a witness, I could and would testify competently to them.
2. Year of birth is _____, and my current residence address is _____.
3. My identity is further established by the following government-issued identification: _____, number _____ (**only last four digits**), issued by _____, expiring _____.
4. I am the same person who is the subject of the criminal history record that was automatically sealed by the Florida Department of Law Enforcement ("FDLE") under Section 943.0595, Florida Statutes. That record arises from the following matter: case number _____.
5. As the subject of that criminal history record, I am a person with a legal right of access to the record notwithstanding the seal, and I am entitled to obtain a copy of my own sealed criminal history record from FDLE, which continues to maintain the record as its custodian.
6. I make this Affidavit of Identity to attest to and verify my identity as the subject of the automatically sealed record, in support of my request to access and obtain a copy of that record from the Clerk of Court for the related court record. I request that the Clerk of Court release the sealed/confidential criminal history record to me as the subject of the record.

Under penalties of perjury and pursuant to section 92.525, Florida Statutes, I declare that I have read the foregoing and that the facts stated in it are true.

Signature of Affiant

Date

Sworn to and subscribed before me, this ____ day of _____, ____.

Deputy Clerk or Notary Public