

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, 16-153 and/or 28-454 as a(n):

- Address Confidentiality Program Participant
- Adult Protective Services
- Code Enforcement Officer
- Commission on Appellate Court Appointments Member
- Commissioner
- Corrections or Detention Officer
- Corrections Support Staff
- County Attorney or Former County Attorney
- Department of Child Safety Employee
- Election Officer
- Executive Clemency Board Member
- Firefighter assigned to the Department of Public Safety Counter Terrorism Information Center
- Health Professional
- Hearing Officer (pursuant to A.R.S. § 28-1553)
- 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 or Former Prosecutor
- Public Defender
- Public Official or Former Public Official
- 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 identifying information and documents 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

B. To restrict public access to your identifying information and documents 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 identifying information and documents 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.

- D. To restrict public access in County Recorder, County Assessor, County Treasurer, voter registration, and MVD records to the address of property you hold in trust if you are a public official, the street address, city, state, and zip code of each property.

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 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.
- D. Complete item 15 if you are a public official and you want to restrict public access in County Recorder, County Assessor, County Treasurer, voter registration, and MVD records to the address of property you hold in trust.

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 identifying information and documents in the public records you identified in item 2.

9. Fill in your home address. 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 withheld from public access. The document locator number is also known as the recording number.

PLEASE NOTE: Do not include records that identify only your spouse or some other owner of the property where you reside. You are responsible for ensuring that all your records are listed. The County cannot withhold any documents that you have not identified in your affidavit.

12. You have the option of requesting that your household members' identifying information and documents 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 Active Early Voting List (AEVL). 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 Active Early Voter List (AEVL). 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 AEVL 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 AEVL. *Participation in the AEVL 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.
14. You have the option of requesting that your household members' identifying information and documents 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).

15. If you are a public official and want to protect the address of the property you hold in trust, provide the street address, city, state, and zip code of each property.

WHEN YOU HAVE COMPLETED THE AFFIDAVIT:

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

PLEASE BE ADVISED this process is designed to protect your identifying information and documents in a limited class of public records ONLY. If your application is granted, your identifying information and documents 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
IDENTIFYING INFORMATION AND DOCUMENTS IN SPECIFIED PUBLIC RECORDS
PURSUANT TO A.R.S. §§ 11-483, 11-484, 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 identifying information documents, instruments, and writings recorded by the County Recorder, the unique identifiers and recording dates contained in indexes of recorded instruments maintained by the County Recorder, and if I am a public official as defined in A.R.S. § 11-483, the address of property I hold in trust.
- ☐ (*For County Assessor records*) A.R.S. § 11-484, and request that the court order sealed for five years my identifying information, documents, instruments, writings, and information maintained by the County Assessor, and if I am a public official as defined in A.R.S. § 11-484, the address of property I hold in trust.
- ☐ (*For County Treasurer records*) A.R.S. § 11-484, and request that the court order sealed for five years my identifying information, documents, instruments, writings, and information maintained by the County Treasurer, and if I am a public official as defined in A.R.S. § 11-484, the address of property I hold in trust.
- ☐ (*For voter registration records*) A.R.S. § 16-153, and request that the court order sealed for five years my, and those of any individuals identified in item 12 below, identifying information, documents, and voting precinct number that appear in voter registration records, and if I am a public official as defined in A.R.S. § 16-153, the address of property

I hold in trust.

- ☐ (For Motor Vehicle Division records) A.R.S. § 28-454, and request that the court order sealed my identifying information and documents and those of any individuals identified in item 14 below that appear in Motor Vehicle Division records, and if I am a public official as defined in A.R.S. § 28-454, the address of property I hold in trust. 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*):

- | | |
|---|--|
| ☐ Address Confidentiality Program Participant | ☐ Hearing Officer (pursuant to A.R.S. § 28-1553) |
| ☐ Adult Protective Services | ☐ Judge or Former Judge |
| ☐ Code Enforcement Officer | ☐ Justice |
| ☐ Commission on Appellate Court Appointments Member | ☐ Law Enforcement Support Staff |
| ☐ Commissioner | ☐ National Guard Member supporting a Law Enforcement Agency |
| ☐ Corrections or Detention Officer | ☐ Peace Officer or Peace Officer's Spouse |
| ☐ Corrections Support Staff | ☐ Probation Officer |
| ☐ County Attorney or Former County Attorney | ☐ Prosecutor or Former Prosecutor |
| ☐ Department of Child Safety Employee | ☐ Public Defender |
| ☐ Election Officer | ☐ Public Official or Former Public Official |
| ☐ Executive Clemency Board Member | ☐ Spouse or minor child of a Deceased Peace Officer |
| ☐ Firefighter assigned to the Department of Public Safety Counter Terrorism Information Center | |
| ☐ Health Professional | |

as provided in A.R.S. §§ 11-483 (O), -484(K), 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 is:

Street Address: _____

City, State, Zip Code: _____

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 Active Early Voting List (AEVL) to automatically receive an early ballot by mail, and I have attached their completed voter registration forms, so they can be added to the AEVL.

_____ Full legal name	_____ Month/Day/Year of Birth	☐ add to AEVL
_____ Full legal name	_____ Month/Day/Year of Birth	☐ add to AEVL

_____	_____	☐ add to AEVL
Full legal name	Month/Day/Year of Birth	
_____	_____	☐ add to AEVL
Full legal name	Month/Day/Year of Birth	
_____	_____	☐ add to AEVL
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 identifying information 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

- 15.** If I am a public official as defined in A.R.S. §§ 11-483, -484, 16-153, or 28-454, the address of property I hold in trust is:

Street Address: _____

City, State, Zip Code: _____

Street Address: _____

City, State, Zip Code: _____

Street Address: _____

City, State, Zip Code: _____

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 _____

COUNTY OF _____

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

by_____.

(Notarial Officer's Stamp or Seal)

Notarial Officer

**SUPERIOR COURT OF ARIZONA
COCHISE COUNTY**

Regarding the Matter of:

Sealing of Records.

**ORDER TO RESTRICT PUBLIC ACCESS
TO ADDRESS AND TELEPHONE NUMBERS
IN SPECIFIED PUBLIC RECORDS**

- ☐ Public Employee or Official ☐ Private Citizen

The Court, having reviewed the attached affidavit(s), finds that the requirements of A.R.S. Section 11-483, 11-484, 16-153, and 28-454 have been satisfied and the affiants listed within this order and on the attached affidavits are entitled to have the records maintained by the entities indicated below, containing affiant's name, residential address and telephone number, closed to public inspection.

- ☐ **COCHISE COUNTY RECORDER:** IT IS ORDERED sealing for five years the affiant's residential address and phone number appearing in instrument 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. The COCHISE County Recorder shall seal the copy of the order pertaining to the affiant and shall accomplish the foregoing no later than 10 days from receipt of this minute entry order.
- ☐ **COCHISE COUNTY ASSESSOR:** IT IS ORDERED sealing for five years the affiant's residential address and phone number appearing in instruments, writings and information maintained by the County Assessor. The COCHISE County Assessor shall seal the copy of the order pertaining to the affiant and shall accomplish the foregoing no later than 10 days from the receipt of this minute entry order.
- ☐ **COCHISE COUNTY TREASURER:** IT IS ORDERED sealing for five years the affiant's residential address and phone number appearing in instruments, writings and information maintained by the County Treasurer. The COCHISE County Treasurer shall seal the copy of the order pertaining to the affiant and shall accomplish the foregoing no later than 10 days from the receipt of this minute entry order.
- ☐ **VOTER REGISTRATION:** IT IS ORDERED sealing for five years the affiant's residential address and phone number and voting precinct number and those of any individuals identified in the accompanying affidavit that appear in voter registration records. The names of each person included on the affidavit shall be listed by the COCHISE County Recorder as registered voters in their appropriate voting precincts and shall be entitled to vote in all elections permitted by law. A copy of this order and the original voter registration forms shall be delivered to the County Recorder of COCHISE County. The COCHISE County Recorder shall accomplish the foregoing no later than 120 days from the receipt of the minute entry order.
- ☐ **MOTOR VEHICLE DIVISION:** IT IS ORDERED sealing the affiant's residential address and phone number and those of any individuals identified in the accompanying affidavit that appear that appear in Motor Vehicle Division records for an indeterminable amount of time. The Department of Transportation, Motor Vehicle Division shall accomplish the foregoing no later than 150 days from the receipt of the minute entry order.

IT IS FURTHER ORDERED that the Clerk of the Superior Court shall file and seal the original affidavit and distribute a copy of this order to the appropriate agency(s) as indicated in the forgoing section of this order.

IT IS FURTHER ORDERED that the information in this order and in the attached affidavit is not a public record and this information shall not be disclosed by the Clerk of the Superior Court, the Cochise County Recorder, Cochise County Assessor, Cochise County Treasurer or by the Department of Transportation, Motor Vehicle Division.

DATED: _____

JUDGE OF THE SUPERIOR COURT

cc with attached affidavit:

Cochise County Recorder

Cochise County Assessor

Cochise County Treasurer

Arizona Department of Transportation

Applicant