

IN THE CIRCUIT/COUNTY COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PASCO/PINELLAS COUNTIES, FLORIDA  
DIVISION

\_\_\_\_\_  
Plaintiff(s),

v.

Case No. \_\_\_\_\_

UCN: \_\_\_\_\_

\_\_\_\_\_  
Defendant(s).

**DIRECTIONS TO CLERK:**

This Motion should be docketed using only the word "Motion."

**Motion to Determine Confidentiality of Court Records**  
**- Special Criminal Records**

[This form to be used only to determine confidentiality of plea agreements, substantial assistance agreements, or other court record that reveals the identity of a confidential informant or active criminal investigative information]

1. This motion is filed by or on behalf of  State of Florida,  Defendant.
  
2. I respectfully request that the Court determine that the following court records are confidential and order the Clerk to seal the records in accordance with Rule of Judicial Administration 2.420(c)(9):
  - \_\_\_\_\_ plea agreement
  - \_\_\_\_\_ substantial assistance agreement
  - \_\_\_\_\_ documents that reveal the identity of a confidential informant
  - \_\_\_\_\_ documents that reveal active criminal investigative information

3. The Court should determine the record is confidential for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_.

[Explain why the court should find the record confidential. Do not reveal the information to be determined confidential.]

4. Confidentiality of the information sought to be sealed is required to protect the following interests: [select all that apply]

- \_\_\_\_\_ a. Prevent serious and imminent threat to the fair, impartial, and orderly administration of justice
- \_\_\_\_\_ b. Protect a compelling governmental interest
- \_\_\_\_\_ c. Avoid substantial injury to innocent third parties
- \_\_\_\_\_ d. Complying with established public policy set forth in the Florida or U.S. Constitution or statutes or Florida rules or case law, specifically:

\_\_\_\_\_.

5. There is no less restrictive measure available to protect these interests and the degree, duration, and manner of confidentiality sought is no broader than necessary to protect the interests.

6. I have consulted with the  Assistant State Attorney  Attorney for Defendant  Defendant and they  agree  do not agree with this motion.

7. I certify that this motion is made in good faith and is supported by a sound factual and legal basis.

8. I acknowledge that I may be subject to Court sanctions if this motion is not made in good faith and is not support by a sound legal or factual basis.

DATED: \_\_\_\_\_

[Signature] \_\_\_\_\_  
Printed name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Fax number \_\_\_\_\_  
Florida Bar No. \_\_\_\_\_  
Email address \_\_\_\_\_

### CERTIFICATE OF SERVICE

I certify that the original was filed with the Clerk of the Circuit Court and that a copy of this document was furnished by ( ) Email ( ) U.S. mail ( ) hand delivery or ( ) facsimile to \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
[Signature]