

Phoenix PD Redaction Contact Info:

If you need your forms notarized feel free to stop by the PLEA Office and talk with the office staff.

Send your original notarized forms to one of these contacts:

Kristine Leon – Admin Legal Unit

602-534-0126

Kristine.leon@phoenix.gov

Jeanette Ploium – Admin PSB

602-534-8575

Jeanette.ploium@phoenix.gov

For help locating documents to be attached with your forms:

<https://recorder.maricopa.gov/recdocdata/>

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):

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

_____	_____	[] 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	
_____	_____	[] 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 _____.

(notary seal)

Notarial Officer

Title



ARIZONA VOTER REGISTRATION FORM

FORMULARIO DE REGISTRO ELECTORAL EN ARIZONA

FILL OUT COMPLETELY WITH A BLACK/BLUE PEN (RED SHADED BOXES ARE REQUIRED). TO BE ELIGIBLE TO VOTE A "FULL BALLOT," COMPLETE BOX 9, 10 OR 11 OR PROVIDE OTHER PROOF OF CITIZENSHIP - SEE BACK FOR DETAILS AND ADDITIONAL INSTRUCTIONS. LLENE COMPLETAMENTE CON PLUMA DE TINTA NEGRA/AZUL (LAS CASILLAS ROJAS SON REQUERIDAS). PARA VOTAR EN UNA "BOLETA ELECTORAL COMPLETA," LLENE LA CASILLA 9, 10 U 11 O INCLUYA OTRA PRUEBA DE CIUDADANÍA - VEA LOS DETALLES EN EL REVERSO.

1 Active Early Voting List (AEVL) / Lista Activa de Votación Temprana Receive your early ballot by mail! / ¡Reciba su boleta de votación temprana por correo! <input type="checkbox"/> Yes , I want to be added to AEVL and automatically get an early ballot by mail for every election for which I am eligible. (To be on AEVL, your mailing address in Box 7 must be in Arizona.) <i>Si. Quiero que me agreguen a la lista AEVL y recibir automáticamente una boleta de votación temprana por correo para cada elección. (Para estar en la lista AEVL, su dirección postal en la Casilla 7 debe estar en Arizona.)</i> <input type="checkbox"/> No , I do not want to be added to AEVL. I understand CHECKING THIS BOX will remove my name from AEVL if it was previously included. / <i>No. No quiero que me agreguen a la lista AEVL. Yo entiendo que al MARCAR ESTA CASILLA removerán mi nombre de la lista AEVL si éste estaba incluido antes.</i>		REGISTER ONLINE / REGÍSTRESE EN LÍNEA: WWW.SERVICEARIZONA.COM FOR MORE INFORMATION / PARA MÁS INFORMACIÓN: WWW.AZSOS.GOV 1-877-THE-VOTE BOX FOR OFFICE USE ONLY ÁREA SÓLO PARA EL USO DE LA OFICINA B					
2 Last Name / Apellido		First Name / Nombre		Middle Name / Segundo Nombre		Jr./Sr./III	
3 Residential Address (where you live – no P.O. Box/business address) / Domicilio Residencial (donde usted vive – no use un apartado postal ni dirección comercial) If no street address, describe location using mileage, cross streets, parcel #, subdivision name/lot, or landmarks. Draw a map and/or provide latitude/longitude or geocode in Box 23 if located in a rural area without a traditional street address. / <i>Si no cuenta con un domicilio de calle, describa la ubicación usando millaje, cruces de calles, núm. de parcela, nombre de lote/subdivisión, o detalles específicos de referencia. Dibuje un mapa y/o provea la latitud/longitud o código geográfico en la casilla 23 si está ubicado en un área rural sin domicilio tradicional de calles.</i>							
4 Apt./Unit/Space <i>Apto/Unidad/Espacio</i>		5 City / Ciudad		6 Zip / Código Postal			
7 Mailing Address (where you get mail, if not delivered to residential address) / Dirección Postal (donde usted recibe su correo, si su correo no es entregado a su domicilio residencial)							
8 Last 4 Digits of Social Security # <i>Últimos 4 Dígitos del Núm. de Seguro Social</i> XXX-XX-____		9 AZ Driver License or Nonoperating License # / Núm. de Licencia de Manejo o Tarjeta de Identificación de Arizona		10 Tribal ID # <i>Núm. de Identificación Tribal</i>			
11 Alien Registration, Naturalization Certificate, or Citizenship Certificate # / Núm. de Registro de Extranjero, Núm. de Certificado de Naturalización o de Ciudadanía		12 Birth Date (MM/DD/YYYY) <i>Fecha de Nacimiento (MM/DD/AAAA)</i>		13 State or Country of Birth <i>Estado o País de Nacimiento</i>			
14 Party Preference / Preferencia de Partido <input type="checkbox"/> Republican / Republicano <input type="checkbox"/> Democratic / Demócrata <input type="checkbox"/> Other / Otro _____ <input type="checkbox"/> None or No Party / Ningún Partido		15 Telephone Number <i>Número de Teléfono</i> Is this a cellphone? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No <i>¿Es éste número de un teléfono celular?</i>		16 Occupation / Ocupación			
17 If you were registered to vote in another state or county, list former address (including county and state) <i>Si usted estaba registrado/a para votar en otro estado o condado, anote el domicilio previo (incluyendo el condado y el estado)</i>				18 Former Name(s) (if applicable) <i>Nombre/s Previo/s (si es aplicable)</i>			
19 Father's Name or Mother's Maiden Name <i>Nombre de su padre/nombre de soltera de su madre</i>		20 Are you willing to work at a polling place on Election Day? / ¿Está dispuesto/a a trabajar en un lugar de votación el Día de la Elección? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No		21 E-Mail / Correo Electrónico			
22 Are you a citizen of the United States of America? / ¿Es usted ciudadano/a de los Estados Unidos de América? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No Will you be at least 18 years old by Election Day? / ¿Cumplirá usted 18 años de edad en ó antes del Día de la Elección? <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No VOTER DECLARATION – By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I have NOT been convicted of a FELONY (or my civil rights have been restored - see back for details), and I have NOT been adjudicated INCAPACITATED with my voting rights revoked. DECLARACIÓN DEL/LA VOTANTE – Al firmar abajo, yo juro o afirmo que la información anterior es verdadera, que soy RESIDENTE de Arizona, que NO se me ha condenado por un DELITO GRAVE (o que mis derechos civiles han sido restituidos - vea en el reverso los detalles), y que NO se me ha dictaminado INCAPACITADO/A con mis derechos electorales revocados. SIGNATURE / FIRMA X DATE / FECHA _____				23 If no street address, draw a map and/or provide the latitude/longitude or geocode here / Si no tiene domicilio de calle, dibuje un mapa y/o provea la latitud/longitud o código geográfico aquí <div style="text-align: center;"> </div>			
24 If you are unable to complete or sign the form, the form can be completed at your direction. The person who assisted you must sign here. <i>Si usted no puede completar o firmar el formulario, este formulario se puede llenar según sus instrucciones. La persona que le ayudó a hacerlo debe firmar aquí.</i> SIGNATURE OF PERSON ASSISTING / FIRMA DE LA PERSONA QUE LE AYUDÓ _____ DATE / FECHA _____							