

## State of Florida Sixteenth Judicial Circuit Digital Court Reporting

## **PROHIBITION AGAINST DISSEMINATION**

RELEASE OF AUDIO RECORDING OF COURT PROCEEDING TO ATTORNEY OF RECORD OR PARTY

| CASE STYLE:  |       |
|--|-------|
| CASE NUMBER:   |       |
| DATE(S) OF HEARING(S):   |       |
| The audio recording(s) of the above-referenced court proceeding(s) may contain information that is confidential or exempt from public disclosure by court order or under Florida or Federal Law. Dissemination of recordings or information to any other person is strictly prohibited, except as permitted by law, rule or court order. <u>Violation of this prohibition may subject you to legal action, including but not limited to an action for contempt of court.</u>   |       |
| Prior to release of the recording to a member of the general public, the Sixteenth Judicial Circuit Court<br>Reporting Services is required to review the recording for confidential or exempt information, and<br>redact such information from the recording. <u>You may not undertake such redaction and</u><br><u>dissemination.</u> Only the Sixteenth Judicial Circuit Court Reporting Services may redact and/or<br>disseminate recordings that contain confidential information.  |       |
| I,, am an attorney of record or a party in the above<br>referenced court case. Pursuant to Florida Supreme Court AOSC11-22, I acknowledge that I have read<br>this <b>Prohibition Against Dissemination</b> and understand that further dissemination of the audio<br>recording(s) provided to me is strictly prohibited and may subject me to legal action for contempt of<br>court. I further acknowledge that I was offered and am hereby refusing to accept and pay the cost for<br>redaction of the recording(s) with all confidential information redacted, which would not be<br>prohibited from further dissemination. By my signature below, I acknowledge, understand, and agree<br>to comply with this <b>Prohibition Against Dissemination</b> . |       |
| Signature of Requester:  | Date: |
| Requester's Name:  |       |
| Requester's Address:   |       |
| Requester's City, State, Zip Code:   |       |
| Requester's Telephone:   |       |
| Requester's Email:   |       |
|  |       |