



REQUEST TO RESTRICT ACCESS OR POSTING OF PERSONAL CONTACT INFORMATION

Pursuant to the Law Enforcement Personal Privacy Protection Act (S.C. Code § 30-2-500 et seq.) and the Judicial Personal Privacy Protection Act (S.C. Code § 30-2-700 et seq.) active or former federal, state, or local certified law enforcement officers or corrections officers and active or former judges may request a state or local government agency restrict public access to personal contact information accessible on a publicly-available website maintained by or operated on behalf of a state or local government agency, excluding records available for purchase or through an account, by registration or subscription. "Personal Contact Information" is defined as home address, personal cellular telephone number, or tax map number. Complete this form and submit to relevant office. They may request additional information from you via a supplemental form if needed. *This request is specific to the state or local government agency where it is submitted and will not be provided to other entities, apply to subsequent cases, or apply to changes in personal contact information.*

Personal Contact Information

Full Legal Name: _____
Date of Birth: _____
Home Address: _____

Driver's License Number: _____
Personal Email Address: _____
Tax Map Number: _____
Type of Service: ☐ Judicial / ☐ Law Enforcement
Status of Service: ☐ Active / ☐ Former
Dates of Service: _____

Location of Information in Disclosed Records

Please list the impacted instrument number, book and page number, docket number, file number, VIN or title number:

Exceptions

If you would like to permit disclosure for a specific purpose and for a limited time, please indicate the purpose and timeframe:

Signature and Date

Office Use Only

Additional Notes or Comments

☐ DOB ☐ DL # ☐ Home Address ☐ Personal Email ☐ Tax Map Number

SCCA 140 (12/25)

Processed by: _____

Date: _____



**SOUTH CAROLINA
JUDICIAL BRANCH**



STATE OF SOUTH CAROLINA)
COUNTY OF _____)
)

AFFIDAVIT

Personally appeared before me _____, who, first being duly sworn, says as follows:

1. ☐ I am an ☐ active / ☐ former federal, state, or local certified law enforcement officer or corrections officer.
My current or most recent employer is _____, and they may be contacted as follows:
Phone: _____
Email: _____
Fax: _____
Address: _____

2. ☐ I am an ☐ active / ☐ former judge.
 - a) ☐ I serve or served in a court in the South Carolina unified judicial system.
South Carolina Office of Court Administration may be contacted as follows:
Phone: (803) 734-1800
Email: privacyprotection@sccourts.org
Fax: (803) 734-0269
Address: 1220 Senate Street, Columbia, SC 29201

 - b) ☐ I serve or served in a different court.
Name of Court Administration Office: _____
Phone: _____
Email: _____
Fax: _____
Address: _____

I swear or affirm that I know the facts above to be true. I believe anything above that is stated on information and belief to be true. It is a felony for a person to wilfully and knowingly swear falsely in taking any oath required by law that is administered by a person directed or permitted by law to administer such oath pursuant to S.C. Code Ann. § 16-9-30.

Signature

Sworn to and subscribed before me this ____ day of _____, 20 ____.

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires the ____ day of _____, 20 ____.