



**SEVENTH JUDICIAL CIRCUIT COURT
THERAPY ANIMAL / FACILITY DOG PROGRAM**

OATH OF CONFIDENTIALITY

I, _____ (please print name), pursuant to Florida Law and the policies and procedures of the Seventh Judicial Circuit Court of Florida, do hereby swear/affirm that I will maintain the confidentiality of all information, including but not limited to information pertaining to victims/witnesses and their families, whether written or verbal, received through the scope of my service as a handler in the Therapy Animal / Facility Dog Program. I understand that all records and information pertaining to dependency matters are confidential pursuant to Chapter 39, Florida Statutes and applicable Federal Law.

I also swear/affirm that I will not disclose to any person or entity any information or records connected with these cases.

I acknowledge that I have an on-going obligation to ensure that confidential information is not divulged to anyone not bound to respect this confidentiality and to ensure that such information is not for personal use, gain or revealed in any manner that might adversely affect the interests of the Seventh Judicial Circuit of Florida.

Handler Signature

Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____.

Signature of Notary Public-State of Florida

Name of Notary Typed, Printed, or Stamped

Personally Known _____ OR Produced Identification _____
Type of Identification Produced
