



Scott Ellis

**CLERK OF THE CIRCUIT AND COUNTY COURTS
BREVARD COUNTY, FLORIDA**

400 South Street, P.O. Box 999, Titusville, Florida 32781-0999

**BREVARD COUNTY, CLERK OF THE CIRCUIT AND
COUNTY COURTS**

Attorney View

SECURITY USER AGREEMENT/APPLICATION

(Private Attorney Form)

I, the undersigned, hereby certify that I am an attorney licensed to practice in Florida:

Corporation or DBA

Attorney Name

Attorney Email Address

As a user of the web-based Attorney View portal, I acknowledge that I will have access to data or court records, some of which are considered sensitive or which are or may be made confidential or exempt from public disclosure by Florida or federal law, court rule, or court order. Access to cases and information under Chapters 39, 119, and 985 of the Florida Statutes will be pursuant to the right to access under those statutes and any other applicable statutes as well as applicable court rule, or court order.

As a licensed attorney, by signing this agreement I acknowledge and understand the following:

- Access to Attorney View is subject to the Florida Computer Crimes Act, Section 815.04(3)(a)(b), Florida Statutes, which addresses the unauthorized modification, destruction, disclosure (except as to public records) or taking of information resources, for those computer programs, systems and data protected by the act.
- I will maintain the confidentiality and prevent the unauthorized disclosure of any data or information accessed or obtained from Attorney View that is confidential or exempt from public disclosure under Florida law, court rule, or court order.
- I understand that a security violation may result in criminal prosecution according to the provisions of Chapter 815, Florida Statutes.
- Information accessed from the Attorney View site is for use in the ordinary course of

official business and I will ensure that access to Attorney View or any of its systems, modules, data or information is not gained, obtained or used by unauthorized users by taking the following actions and security measures:

- I will safeguard the login and password and not permit any unauthorized user to use my login and password.
- I will log off the system by closing my Internet browser session after each use, taking precautionary measures to ensure unauthorized users do not have the ability to view the computer monitor.
- I will not sell any data or information obtained from Attorney View to any person, entity or governmental agency.
- I will ensure use of Attorney View is conducted in a legal manner.

I have read the above statements and have obtained a copy of the Computer Related Crimes Act, Chapter 815, Florida Statutes (<http://www.leg.state.fl.us/statutes/>). My signature below indicates I understand the policy and agree to administer the above terms and conditions of use.

Attorney Signature

Date

Phone Number

Fax Number

Approved by Attorney View Administrator _____
Signature

Date

Upon receipt of the above Agreement/Application and review and validation of the information the user will be notified by direct voice to voice telephone contact, as provided above, the login and password for access to Attorney View with Juvenile records.