

EPSTEIN EXPOSED

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VICTIM PRIVACY REDACTION REQUEST

Form Version 1.0 | Effective March 1, 2026

This form is provided for attorneys and legal representatives to submit verified victim privacy redaction requests. Requests submitted through this form receive priority processing within 5 business days. Self-identification alone is insufficient — verification of victim status is required per our posted policy at epsteinexposed.com/legal-requests.

Submit completed forms to: legal@epsteinexposed.com or contact@epsteinexposed.com
For urgent requests, include 'URGENT' in the subject line.

SECTION 1 — REFERENCE INFORMATION

Date of Request:

Reference / Matter Number (optional):

SECTION 2 — REQUESTING PARTY INFORMATION

Full Legal Name of Individual:

Known Aliases or Name Variations:

Relationship to Case (e.g., identified victim, survivor, minor at time of abuse):

Contact Email:

Contact Phone:

Preferred Contact Method:

Email

Phone

Attorney Only

SECTION 3 — LEGAL REPRESENTATIVE INFORMATION

Attorney Name:

Bar Number / Jurisdiction:

Law Firm:

Firm Address:

Attorney Email:

Attorney Phone:

SECTION 4 — SCOPE OF REDACTION REQUEST

Specific Document IDs (if known):

Description of Information to be Removed:

Types of redaction requested:

- Full name removal from all documents, search indexes, and API responses
- Removal of associated personally identifiable information (SSN, DOB, address, phone)
- Removal of person profile page (if one exists)
- Removal from document-person cross-references
- Other (specify in Additional Details below)

Additional Details:

SECTION 5 — VERIFICATION OF VICTIM STATUS

Per our posted policy, we require verification of victim status before processing redaction requests. Please indicate which of the following you can provide:

- Court filing or case number identifying the individual as a victim
- Proof of participation in the Crime Victims' Compensation Program (VCP)
- DOJ victim notification letter
- Victim impact statement filed with the court
- Other verifiable legal documentation (describe below)

Description of Verification Documents:

Note: Verification documents may be submitted separately via encrypted email. Contact legal@epsteinexposed.com for secure transmission instructions.

SECTION 6 — DECLARATION

I hereby declare that the information provided in this form is true and accurate to the best of my knowledge. I represent that I am authorized to make this request on behalf of the individual named above. I understand that Epstein Exposed will process this request in accordance with its posted privacy and legal policies, and that redaction determinations are made on a case-by-case basis following verification of victim status.

I further acknowledge that Epstein Exposed indexes publicly released government records under the Epstein Files Transparency Act (H.R. 4405) and that the First Amendment protects the republication of lawfully obtained, truthful information about matters of public concern. Redaction is provided as a voluntary accommodation for verified victims and survivors.

Attorney Signature: _____

Printed Name:

Date: