

REQUEST FOR CRIMINAL RESEARCH

Walk In Customers

The following information is required by the Clerk's Office to conduct a records search.

PLEASE PRINT

- a. Complete Name of Individual: _____
- b. Date of Birth: _____
- c. Social Security Number: _____
- d. Court Case Number if known: _____
- e. Type of Charge if known: _____
- f. Date of Charge if known: _____

In addition to the above, please select and complete the following items where appropriate:

- a. Type of documents required. List each type i.e. Judgment & Sentence, Arrest Report, etc.:

- b. Number of copies required: _____

- c. Certification of Documents. List documents requiring certification:

- d. Other:

The Clerk of Courts is required to charge a service fee for furnishing this information and costs are in accordance with Chapter 28.24, Florida Statutes and are listed below.

- | | |
|---|--------|
| a. Search of records – each year. | \$2.00 |
| b. Copies of Documents – each page. | \$1.00 |
| c. Certifying Copies of Documents – Sets/Ind. | \$2.00 |

Upon completion, please give this form to one of our Customer Service personnel. You will be notified in approximately 3 – 4 days as to the status of your request. Please complete the following so that we may contact you and advise you as to the total cost for this information and when your request will be available for pick-up.

- a. Individual requesting information: _____
- b. Address: _____
- c. Telephone Number: _____ (If long distance, please call 904 819-3625)
- d. Date: _____