

**Duval County Courthouse and the Jacksonville Sheriff's Office**  
**APPLICATION FOR COURT REPORTER ACCESS CARD**

**Name of Court Reporter:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Business Phone and Cell Numbers:** \_\_\_\_\_

**Business Fax Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_

**Notary Number:** \_\_\_\_\_

**DECLARATION**

*I hereby declare the information provided herein is true and correct. I understand that I must submit to a background check which may cause the denial of my application, and that submitted applications become a public record. If any of the information in this application changes, I will report it to the Jacksonville Sheriff's Office promptly, and I understand that a failure to do so promptly may subject my access card to being revoked.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please submit this application by email to Court Counsel Cecilia Birk at [CBirk@coj.net](mailto:CBirk@coj.net), or by U.S. Mail to:

Cecilia F. Birk  
Duval County Courthouse  
501 West Adams Street  
Suite #7212  
Jacksonville, Florida 32202

Following a background check and the approval of an application, a \$10.00 fee must be paid to the Jacksonville Sheriff's Office at the Police Memorial Building to complete the application process.

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For internal use only:

Background check complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date