

**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 Address: _____

Cell Number: _____

Business Fax Number: _____

Date of Birth: _____

Driver License Number: _____

Notary Number: _____

DECLARATION

I hereby declare the information provided is true and correct. I understand I must submit to a background check that 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 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 F. Birk, cbirk@coj.net, or mail to:

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

For internal use only:

Court Counsel

Date

JSO Security (Background Check)

Date