



**Nassau County Clerk of the Circuit Court and Comptroller
COURT RECORDS REQUEST**

Per Florida Rules of Judicial Administration, request for access
To judicial branch records shall be in writing. (Rule 2.420(m)(1).

Requestor Name*(not mandatory):	
Phone: _____	Email: _____
Request type: _____ Copies only _____ Certified copies _____ View File	
INFORMATION REQUESTED:	
Party Name: _____	Case number: _____
Document name(s): _____	Document date: _____
	Docket #: _____
*For Employee Use:	
Request Taken By: _____ Date Received: _____	
Request Received Via: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> In Person <input type="checkbox"/> Unknown	
Completed By: _____ Date Completed: _____	
Check one of the following methods of delivery:	
<input type="checkbox"/> Received information upon request	<input type="checkbox"/> Will return within _____ days to pick up
<input type="checkbox"/> Call	<input type="checkbox"/> Citizen will call us to verify completion
<input type="checkbox"/> Fax to	<input type="checkbox"/> Mail to
<input type="checkbox"/> E-Mail to	<input type="checkbox"/> Other