



Pam Childers

Clerk of the Circuit Court and Comptroller, Escambia County

Clerk of Courts • County Comptroller • Clerk of the Board of County Commissioners • Recorder • Auditor

REQUEST FOR COPIES OR VIEWING OF COURT RECORDS

(per FL Rules of Judicial Administration 2.420(m)) "

Name: _____ Check if applicable: Attorney of record
 Party to the case

Email address: _____ Phone: _____

Today's date: _____ I want to view the file or copies from the file.

When the documents are ready for viewing or pick-up, please contact me via
phone or email address.

I understand I will be charged in accordance with §28.24, Florida Statutes, as follows:

Hard copies not more than 14 inches by 8½ inches - \$ 1.00 per page

Certified copies of an instrument - \$ 2.00 each

All other charges pursuant to statute

The documents I want to view or have copied in Case Number _____ are as follows:

Document	Number Of Pages	Cost Per Page	Certified Copy (add \$ 2.00 ea.)	Total Cost

Deposit of \$ _____

Grand Total \$: _____

If my request includes records containing confidential information as defined by Florida Rules of Judicial Administration 2.420(m) and I am an attorney of record or party to the case, I have presented identification in person or my signature below has been notarized.

My request is in person and I presented _____ photo identification.

My request is via mail or email and my signature below is notarized.

Signature: _____ Date: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ who is personally known to me or has produced a drivers license as identification.

NOTARY PUBLIC – STATE OF FLORIDA

Printed Name: _____

My Commission Expires: _____

Processed by: _____ Date _____

picked-up
mailed emailed on _____