

CLERK OF COURTS
Records Management

PUBLIC RECORDS REQUEST

Request Date: _____

1. REQUESTOR CONTACT INFORMATION

Name: _____
Address: _____
Telephone: _____
Email Address: _____

SUBMIT TO:

Miami-Dade County Clerk of Courts
Records Management
P.O. BOX 14695
Miami, Florida 33101
Email: **COCPUBREQ@miamidade.gov**

2. REQUESTED / INFORMATION (Ex: Division, Case #, Case Type, Date Range, etc.) *(See Section 4. for list of Divisions)

(If more space is need, please attach additional information)

FOR DEPARTMENT USE ONLY

3. CATEGORY OF REQUEST 2 or 3 (If Category 1, this form should not be filled out.)

Control No. _____

4. DIVISION(S) RECEIVING REQUEST (RM Use)

- | | |
|---|--|
| <input type="checkbox"/> CIVIL | <input type="checkbox"/> JUVENILE |
| <input type="checkbox"/> CRIMINAL | <input type="checkbox"/> TRAFFIC/MISDEMEANOR |
| <input type="checkbox"/> FAMILY | <input type="checkbox"/> DISTRICTS |
| <input type="checkbox"/> TECH SVS | <input type="checkbox"/> FINANCE |
| <input type="checkbox"/> CLERK OF THE BOARD | <input type="checkbox"/> OTHER _____ |

5. DATE REQUEST RECEIVED (Please Print)

Received by: _____
DPRRL: _____
Date: _____

6. COST ESTIMATE AND TIME

COC \$ _____ ITD \$ _____ TOTAL ESTIMATE \$ _____ TIME TO BE COMPLETED: _____

7. RECORD(S) / DATA FEE

TOTAL COST \$ _____ INVOICE # (If Applicable): _____ RECEIPT # : _____
DATE PAID: _____ CHECK # _____

8. CONFIRMATION OF COMPLETION:

- | | | | | |
|-----------------------------------|-----------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> CIVIL | <input type="checkbox"/> FAMILY | <input type="checkbox"/> TRAFFIC/MISDEMEANOR | <input type="checkbox"/> TECH SVS | <input type="checkbox"/> CLERK OF THE BOARD |
| <input type="checkbox"/> CRIMINAL | <input type="checkbox"/> JUVENILE | <input type="checkbox"/> DISTRICTS | <input type="checkbox"/> FINANCE | <input type="checkbox"/> OTHER _____ |

(Print DPRRL Name) Title _____

(DPRRL Signature) Date _____

9. DELIVERY COMPLETED BY:

- PICKED UP MAILED EMAILED OTHER _____

Name/Representative: _____

Print Name Signature Date

Instructions for Filling Out Public Records Request

Please Note:

- *All Public Records Requests must be submitted to Records Management for processing.
- *A Public Records Request number will be provided for each request for indexing purposes.
- *All Public Records Request must be returned to Records Management upon completion.

To request a public record, a public records request should be submitted to Records Management. Fill out the form as follows:

1. Requestor Contact Information: Name, address, phone number and email address.
2. Requested records information to be filled out by patrons.