

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.
IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.

CLERK OF COURTS
Records Management

PUBLIC RECORDS REQUEST

Request Date: _____

1. REQUESTOR CONTACT INFORMATION

Name: _____
Address: _____
City/State/Zip: _____ 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 (E.g.: Division, Case #, Case Type, Date Range, etc.) *(See Section 3. for list of Divisions)

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

Note: All requests will be Administratively Closed after sixty (60) days for nonpayment or nonresponse.

FOR RECORDS MANAGEMENT USE ONLY

3. DIVISION(S) RECEIVING REQUEST (RM Use Only)

Control No. _____

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

FOR DIVISION USE ONLY

4. CATEGORY OF REQUEST:

- Category 1 Category 2 Category 3

5. REQUEST RECEIVED IN DIVISION:

Received By/DPRRL: _____ DATE: _____

6. COST ESTIMATE AND TIME:

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

7. RECORD(S) / DATA FEE:

TOTAL COST \$ _____ RECEIPT/INVOICE #: _____ DATE PAID: _____ CHECK # _____

8. CONFIRMATION OF COMPLETION: (Must be completed in full)

- CIVIL FAMILY PROBATE DOMESTIC VIOLENCE DISTRICTS JUVENILE CRIMINAL
 COB FINANCE RECORDING TRAFFIC MISDEMEANOR OTHER _____

9. ADMINISTRATIVELY CLOSED (60 Days after last correspondence) **DUE TO:**

- NON-RESPONSE (from Requestor) NON-PAYMENT OTHER: _____

Print Name (DPRRL)

Title

Signature (DPRRL)

Date

10. DELIVERY COMPLETED BY: PICKED UP MAILED EMAILED OTHER _____

IF PICKED UP, PLEASE HAVE RECIPIENT COMPLETE & SIGN BELOW

Print Name

Recipient's Signature

Date

Instructions for Filing Out Public Records Request

Please Note:

- *All Public Records Request 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.