



CLERK OF THE COURT AND COMPTROLLER - MIAMI-DADE COUNTY  
COUNTY COURTS 11TH JUDICIAL CIRCUIT  
**ePORTAL LAW FIRM ADMINISTRATOR ACCOUNT REQUEST**

Please use this form to request an account for a Law Firm Administrator who will be responsible for creating/maintaining accounts within the firm for e-Filing. Once the form has been completed, please print, sign, date and send to:

[clerksoffice@miamidade.gov](mailto:clerksoffice@miamidade.gov) OR MAIL TO: Clerk of Courts - Technical Services Division/Service Center  
175 NW 1 Avenue, 27th Fl. Box 7  
Miami, FL 33128

**LAW FIRM INFORMATION**

Firm's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Firm Primary E-Mail Address: \_\_\_\_\_

Firm Alternate E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Request for Law Firm Exemption? Yes  No  (If yes, please indicate reason for exemption request and attach supporting documentation.) \_\_\_\_\_

**ADMINISTRATOR'S INFORMATION**

**\*\*Please Note: It is important that maintenance of exempt law firm users be up-to-date. The Clerk's Office will contact the administrator if there are any issues.**

Administrator's Name and Title: \_\_\_\_\_

Florida Bar Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary E-Mail Address: \_\_\_\_\_

Alternate E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Authorized Name and Title: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLERK OF COURTS TSD USE ONLY**

Date: \_\_\_\_\_ User Id Created: \_\_\_\_\_

Processed By: \_\_\_\_\_ Exemption Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print) (Please Print)