



MIAMI-DADE COUNTY CLERK OF THE CIRCUIT AND COUNTY  
COURTS 11TH JUDICIAL CIRCUIT

**FCCC ePORTAL LAW ENFORCEMENT ADMINISTRATOR ACCOUNT REQUEST**

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

**Miami-Dade County -Clerk of Courts  
Technical Services Division/Service Center  
175 NW 1st Avenue, 27th Floor Box #7  
Miami, Fl. 33128**

**LAW ENFORCEMENT AGENCY INFORMATION**

Law Enforcement Agency Name and Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**ADMINISTRATOR'S INFORMATION**

Administrator's Name: \_\_\_\_\_ User ID: \_\_\_\_\_

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

City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**AUTHORIZER'S INFORMATION**

Authorizing Name: \_\_\_\_\_  
(Please Print)

Authorizing Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

Personally known to me: \_\_\_\_\_

or Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

Signature of Notary \_\_\_\_\_ (Notary Seal)

**CLERK OF COURTS TSD USE ONLY**

Date Created: \_\_\_\_\_ Created By: \_\_\_\_\_