

REDACTION ATTORNEY AGENT AUTHORIZATION FORM

Dear Clerk:

On any case in which I am the attorney of record, I designate _____ as my agent to review the case files and receive copies of original un-redacted pleadings contained within the court files.

I understand that according to Florida Statue 119.0714 that un-redacted case files can only be viewed by a party to the case, or the party's agent.

I understand that this Authorization is only in effect for a period of six months beginning from the date below. Thereafter, I will need to execute a new Authorization form.

Attorney of Record Signature

Bar Number: _____

Address: _____

E-Mail Address: _____

Phone Number: _____

Attorney for: _____

Dated this _____ day of _____, 20 ____.

Photograph of Bar Card: