



ATTORNEY-AGENT AUTHORIZATION FORM

Dear Clerk:

On any case in which I am the attorney of record pursuant to Florida Rules of Judicial Administration 2.505:

(_____) I designate _____ as my agent to view the case files and receive copies of original un-redacted pleadings contained within those court files of which I am attorney of record and authorized to review unredacted case files.

I understand that pursuant to Florida Rules of Judicial Administration 2.420, access to all electronic and other court records shall be governed by the Standards for Access to Electronic Court Records and the Access Security Matrix. I understand that this authorization is in effect until revoked by me in writing. Thereafter, I will need to execute a new Authorization form. I have attached a copy of my Florida Bar card to this form.

Attorney Signature / FBN:	
Address:	
E-Mail Address:	
Phone Number:	
Attorney for:	
Dated:	
Processed by Deputy Clerk:	
Date Processed by Deputy Clerk:	

REVOCATION OF ATTORNEY-AGENT AUTHORIZATION FORM

(_____) I hereby revoke the above designation of _____ as my agent to view the case files and receive copies of original un-redacted pleadings contained within those court files of which I am attorney of record and authorized to review unredacted case files.

Attorney Signature / FBN:	
Address:	
E-Mail Address:	
Phone Number:	
Attorney for:	
Dated:	
Processed by Deputy Clerk:	
Date Processed by Deputy Clerk:	