

**Duval County Courthouse and the Jacksonville Sheriff's Office  
APPLICATION FOR COURT REPORTER ACCESS CARD**

Name of Court Reporter: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

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

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

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

Cell Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Notary Number: \_\_\_\_\_

**DECLARATION**

*I hereby declare the information provided is true and correct. I understand I must submit to a background check that may cause the denial of my application and that submitted applications become a public record. If any of the information in this application changes, I will report it to the Jacksonville Sheriff's Office promptly, and I understand a failure to do so promptly may subject my access card to being revoked.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please submit this application by email to General Counsel Shannon Shaw, [ShawS@coj.net](mailto:ShawS@coj.net), or mail to:

Shannon Shaw  
General Counsel  
Duval County Courthouse  
501 West Adams Street  
Suite #7212  
Jacksonville, FL 32202

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For internal use only:

\_\_\_\_\_  
Court Counsel

\_\_\_\_\_  
Date

\_\_\_\_\_  
JSO Security (Background Check)

\_\_\_\_\_  
Date