



ATTORNEY-AGENT AUTHORIZATION FORM

Dear Clerk:

On any case in which I am the attorney of record pursuant to Florida Rules of General Practice and 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 un-redacted case files.

I understand that pursuant to Florida Rules of General Practice and Judicial Administration 2.420/2.423, 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: _____ Florida Bar Number: _____
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 un-redacted case files.

Attorney Signature: _____ Florida Bar Number: _____
Address: _____
E-Mail Address: _____
Phone Number: _____
Attorney for: _____
Dated: _____
Processed by Deputy Clerk: _____
Date Processed by Deputy Clerk: _____