

*Indicates Required Fields

Duval County Financial Obligations Inquiry Form

Full Legal Name* _				
	Last	First		Suffix
**Please list your na at arrest	ame as it appears on you	ur Driver's License, Identification (Card or the name	•
Date of Birth*		Format: mm/dd/yyyy		
Driver's License Nu	ımber:		State:	
Address *				
City *				
State*				
Zip Code *				
Email Address * _				
Phone Number : _				Cell/Work/Home
List case number(s) or charge(s) (if available	e):		
Comments:				
Click here to s https://core.duval	earch your case(s) clerk.com/			

Completed forms can be submitted to the Clerk's Office in person or by mail to: Duval County Clerk of Courts, 501 West Adams Street, Room 2136, Jacksonville, FL 32202. Completed forms may also be returned via email to felonyinfo@duvalclerk.com.