



MELISSA W. NELSON  
 STATE ATTORNEY

**REQUEST FOR PRODUCTION COPY CHARGES**

Request Date: \_\_\_\_\_

DEFENDANT.: \_\_\_\_\_  
 S.A. CASE NO.: \_\_\_\_\_  
 CLERK NO.: \_\_\_\_\_  
 DIVISION.: \_\_\_\_\_

**REQUIRED DEFENSE ATTORNEY EMAIL.:** \_\_\_\_\_

<b>COPY CHARGES (PAPER)</b>	_____ Hour(s) @ \$12.50	\$
	_____ Page(s) @ \$0.15	\$
	_____ Postage if mailing (you will be contacted regarding the amount).	\$
	<b>TOTAL</b>	<b>\$</b>
<b>AUDIO / VIDEO / CD COPY CHARGES</b>	_____ Audio Tape(s) @ \$15.00 each + postage	\$
	_____ CD(s) @ \$20.00 each + postage	\$
	_____ DVD(s) @ \$20.00 each + postage	\$
	_____ Video Tape(s) @ \$20.00 each + postage	\$
	<b>Postage if mailing (please include \$1.00)</b>	\$
	<b>TOTAL</b>	<b>\$</b>
<b>OTHER: (Specify)</b>		\$
		\$
<b>TOTAL AMOUNT DUE</b>		<b>\$</b>

**IMPORTANT:** Please print this request form and deliver to the Office of the State Attorney for the Fourth Judicial Circuit or mail with your cashier's check, money order or law firm check (no cash) payable to State of Florida to:

STATE ATTORNEY'S OFFICE 4<sup>TH</sup> JUDICIAL CIRCUIT  
 311 WEST MONROE STREET  
 JACKSONVILLE FL 32202

You will be notified via electronic mail when your request has been fulfilled and is being mailed or is ready for pick-up. If you fail to pick up your request within 2 weeks of notification, we will re-invoice you to include \$1 for postage prior to mailing you the CD or DVD.

Date completed by SAO \_\_\_\_\_