Duval County Financial Obligations Inquiry Form

Full Legal Name* _____ _____ _____
Last **First** **Suffix**

***Please list your name as it appears on your Driver's License, Identification Card or the name at arrest*

Date of Birth* _____ *Format: mm/dd/yyyy*

Driver's License Number: _____ State: _____

Address * _____

City * _____

State* _____

Zip Code * _____

Email Address * _____

Phone Number : _____ Cell/Work/Home

List case number(s) or charge(s) (if available) :

Comments:

Click here to search your case(s)
https://core.duvalclerk.com/

*Indicates Required Fields

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.