

Duval County Financial Obligation Inquiry Form for Convicted Felons

Full legal name*			
**Please list your name at arrest	Last e as it appears on y	First our Driver's License, Identification	Suffix on Card or the name
Date of Birth*		Format: mm/dd/yyyy	
Driver License Num	ıber:		State:
Address*			
City*			
State *			
Zip Code*			
Email Address*			
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