For Court Use:
State of Florida v. Jamell Demons, 19-001872CF10A
State of Florida v. Cortlen Henry, 19-001871CF10A

Credential # _____ Photo ID

Application for Media Credential
State of Florida v. Jamell Demons / State of Florida v. Cortlen Henry
Prepare this form online, re-save it, then email it along with a .jpg photo to Sallie James, sjames@17th.flcourts.org

Please check one:

☐ **Print reporter** ☐ **Broadcast reporter** ☐ **Crew** ☐ **Photographer**

☐ **Other (please specify – attach additional sheets, if necessary)**

Name (Last, First, Middle Initial): _____

Name of Parent news organization: _____

Affiliate/publication, if applicable: _____

Mailing address: _____

E-Mail address: _____ **Phone Number: _____**

Name and e-mail address for person court can contact to confirm your position in the organization:

Name/title: _____

E-mail address: _____ **Phone Number: _____**

Required information that will not appear on the credential itself:

DOB: _____ **Gender: _____** **Weight: _____** **Height: _____**

Hair color: _____ **Eye color: _____**

A 2" x 2.5" 150 dpi head/shoulder photo must accompany this application. Larger but not smaller .jpgs will be accepted. Credentials will not be produced using photos of persons wearing sunglasses.

THIS SECTION TO BE COMPLETED AT THE TIME CREDENTIAL IS PICKED UP
Credential must be collected by the individual identified on the credential, and photo identification will be required to receive the credential.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if credentialed, falsified statement on this application will result in the revocation of credentials. I authorize investigation of all statements contained herein.

Signature: _____ Date: _____

Photo identification produced: _____