



Voting Rights Restoration Verification Program

BRIAN S. KRAMER, STATE ATTORNEY

In 2018, Florida passed Amendment 4 to the Florida Constitution. This Amendment provides that the right of a person who has been convicted of a felony(ies), (other than a sexual crime or a murder) is automatically restored upon completion of that person's sentence. The V8TH provides a service to eligible persons who are unsure whether he or she has completed his or her sentence for the purpose of restoration of his or her voting rights.

Last Name: _____ First Name: _____ M.I.: _____
Street Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Phone: _____
Mailing Address (If Different): _____
Date of Birth ____ / ____ / _____ SSN: _____
Gender: Female Male | Race: White Black Asian American Indian Pacific Islander
Ethnicity: Hispanic Not Hispanic

Offense Information

Case 1
Offense Information: (Provide all known information)
Case Number: _____
County of Offense: _____
Charges: _____
Date of Resolution: ____ / ____ / _____
Outcome: Adjudicated Guilty Adjudication Withheld Dismissed

Case 2
Offense Information: (Provide all known information)
Case Number: _____
County of Offense: _____
Charges: _____
Date of Resolution: ____ / ____ / _____
Outcome: Adjudicated Guilty Adjudication Withheld Dismissed



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Case 3

Offense Information: (Provide all known information)

Case Number: _____

County of Offense: _____

Charges: _____

Date of Resolution: ____ / ____ / _____

Outcome: ___ Adjudicated Guilty ___ Adjudication Withheld ___ Dismissed

Case 4

Offense Information: (Provide all known information)

Case Number: _____

County of Offense: _____

Charges: _____

Date of Resolution: ____ / ____ / _____

Outcome: ___ Adjudicated Guilty ___ Adjudication Withheld ___ Dismissed

Additional case information may be provided by completing the addendum page.

Authorization

I hereby authorize the Office of the State Attorney for the 8th Judicial Circuit of the State of Florida to access the National Criminal Information Computer, the Florida Criminal Information Computer, Driver and Vehicle Information Database, Comprehensive Case Information System and to conduct such other investigation as necessary in the sole discretion of the Office of the State Attorney for the 8th Judicial Circuit.

By signing here, I agree to the above terms of use.

Signature

State of Florida County of _____

The foregoing instrument was acknowledged before me
this _____ day of _____, 20____.

By _____

Personally known _____ OR produced identification _____

Type of identification produced _____

Notary Signature

My Commission Expires _____