



Voting Rights Restoration Verification Program

BRIAN S. KRAMER, STATE ATTORNEY

Addendum to Application

V8th Case #: _____

First: _____ Middle: _____ Last: _____

Street: _____

City: _____ County: _____ Zip: _____

Phone: _____ Email: _____

SSN: _____

ADDITIONAL PAYMENT INFORMATION

Case Number		Payment	

Additional Information

*****Additional case information may be provided by completing this form again.*****

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.

Signature _____

Date _____