STATE OF FLORIDA DEPARTMENT OF STATE Division of Library and Information Services Form LS/V06-2012/CCR100	TRANSMITTAL/RECEIPT TRANSFER OF CAPITAL COLLATERAL POSTCONVICTION RECORDS TO THE STATE ARCHIVES OF FLORIDA		1.RECORD GROUP NO. 660 SERIES NO. 1739 ARCHIVES BOX NO.
2. AGENCY	3. DIVISION		4. BUREAU
5. ADDRESS (Street, City, and Zip Code)		6. CONTACT (Name, Title and Telephone Number) Name:	
		Title:  Phone Number:	
7. SUBMIT TO:		8. DEFENDANT NAME	
Capital Collateral Postconviction Records Repository State Archives of Florida R.A. Gray Building, MS 9-E 500 South Bronough Street Tallahassee, FL 32399-0250		DEFENDANT CIRCUIT CT. CASE#	
TOTAL NUMBER OF BOXES	<b>OR</b> PACKAGE	es s	ENT TO THE REPOSITORY
ARE EXEMPT RECORDS INCLUDED IN THIS SHIPMENT? YES NO ARE EXEMPT RECORD SEPARATELY SEALED AND CLEARLY MARKED AS EXEMPT? (If not, records will be returned to you) YES NO DESCRIPTION OF EXEMPT RECORDS AND STATUTORY BASIS FOR EXEMPTION:  (USE CONTINUATION SHEET IF NECESSARY)			
10. TYPE OF RECORD (CHECK EACH TYPE THAT APPLIES)			
a. PAPER COPIES b. PHOTOGRAPHS c. AUDIO TAPES d. VIDEO TAPES e. OTHER			
11. TRANSMITTING AGENCY: I AUTHORIZE THE TRANSFER OF THE ABOVE-DESCRIBED RECORDS TO THE CUSTODY OF THE CAPITAL COLLATERAL POSTCONVICTION RECORDS REPOSITORY (STATE ARCHIVES OF FLORIDA). OUR AGENCY RETAINS CUSTODY OF AND RESPONSIBILITY FOR OUR ORIGINAL AGENCY RECORDS.		12. STATE ARCHIVES OF FLORIDA: I ACCEPT CUSTODY OF THE RECORDS HEREIN DESCRIBED.	
SIGNATURE	DATE	CHIEF, ARCHIVES AND REC	ORDS MANAGEMENT DATE
TYPE NAME AND TITLE			