COLLIER COUNTY, FLORIDA

Petitioner / Respondent *{Choose one}*

EXHIBIT LIST

|  |  |  |
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| **Case Number** | **Petitioner** | **Respondent** |
| **Date and Time** | **Type of Proceeding** | **Magistrate** |

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| **Exhibit #** | **Description of Exhibits** | **Admitted**  **Yes or No** |
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**Court Clerk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evidence Clerk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**