

**REQUEST FOR DEPO ROOM(S)**  
Robert M. Foster Justice Center  
76347 Veterans Way, Yulee, FL 32097  
Conference Rooms 3029, 3031, 3032 & 3033

Requesting Entity:

\_\_\_\_\_

Contact person, phone number, and e-mail address:

\_\_\_\_\_

Nassau County Case number:

\_\_\_\_\_

Case Style:

\_\_\_\_\_

Use of Room, i.e., deposition, mediation, attorney conference, etc.:

\_\_\_\_\_

Will a phone for incoming calls be necessary? \_\_\_\_\_

Requested Time Slot:

\_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

**PLEASE EMAIL TO [requestdeporoom@nassauclerk.com](mailto:requestdeporoom@nassauclerk.com).**

**Confirmation of Booked Room(s)**  
**(To be completed by court staff.)**

Room Number(s): \_\_\_\_\_ Time Slot: \_\_\_\_\_

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Court Staff's Initials)