



Don Barbee, Jr.

Clerk of Circuit Court & Comptroller - Hernando County
20 N. Main Street, Room 362, Brooksville, FL 34601 - (352) 754-4970

TELEPHONIC HEARINGS POLICY

The following procedures must be followed to participate telephonically in any hearing before the Hernando County Value Adjustment Board (VAB) Special Magistrate.

1. A request to participate telephonically must be received by the VAB no later than **THREE (3) BUSINESS DAYS PRIOR TO THE SCHEDULED HEARING DATE** to allow sufficient time to obtain the necessary approvals. The request must be submitted on the local VAB form, available at the VAB link on the Clerk's website at <http://www.clerk.co.hernando.fl.us/value-adjustment-board> and mailed to Hernando County Value Adjustment Board, 20 N. Main St., Room 362, Brooksville, Florida 34601; or by e-mail to VAB@HernandoClerk.org; or by fax to (352) 754-4239. By requesting a telephonic hearing, a party expressly agrees to the following procedures set forth below.
2. Telephonic hearings will be scheduled only if the telephonic hearing requested covers fewer than ten (10) petitions.
3. Upon receipt of the request for a telephonic hearing, so long as said request is granted, the VAB Clerk will provide the parties with procedures for telephonic hearings and will provide the party requesting a telephonic hearing with the telephone number to the Hearing Room in which the hearing will be held.
 - a) Any and all parties and witnesses must appear in person, in the VAB Hearing Room, at the time of the scheduled telephonic hearing, unless a specific and timely request is made, in writing to the VAB Clerk, to appear by telephone.
 - b) The party requesting a telephonic hearing shall call the Hearing Room at the time designated on their revised hearing notice.
 - c) Remote parties (parties not personally present in the hearing room) shall not use a speaker phone during the telephonic hearing, as this may interfere with the recording of the hearing; clarity is of the utmost importance.
 - d) If more than one party or witness is participating telephonically, parties shall identify themselves each time they speak so that all parties will know who is addressing the Special Magistrate at all times.
 - e) The Special Magistrate will conduct all telephonic hearings according to Florida law and Florida Administrative Code 12D-9 and 12D-10.
 - f) If a petitioner requests a telephonic hearing, the petitioner is still required to follow the sections of the Florida Statutes and the Florida Administrative Code which apply to the exchange of evidence, as well as any and all local policies with regards to evidence as stated hereinabove. Evidence must be **MAILED** to the VAB Clerk to be presented for you.
 - g) The party requesting a telephonic hearing must also specify in their request whether any witnesses will be presenting evidence, and whether said witnesses will be appearing by telephone or in person.
 - h) Any and all parties and/or witnesses appearing by telephone for a VAB hearing must be sworn in at the commencement of the hearing by a notary public, and an affidavit affirming the same must be submitted to the VAB Clerk after the hearing, via email, **no later than the end of the next business day**. All original affidavit documentation must be mailed to the VAB Clerk, via U.S. Mail or express courier, within seven (7) calendar days after the hearing. A separate affidavit must be supplied for each party and/or witness appearing by telephone. Affidavits for such purpose are provided on the VAB Clerk's website at <http://www.clerk.co.hernando.fl.us/value-adjustment-board>. The failure to provide the affidavit(s) required herein shall result in the testimony provided by the remote attendees to be inadmissible.



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**HERNANDO COUNTY VALUE ADJUSTMENT BOARD
REQUEST FOR TELEPHONIC HEARING**

Hearing Location: County Commission Chambers, Room 160, 20 N. Main St., Brooksville, Florida 34601

Petition No(s): _____ Original Hearing Date/Time: _____

TAXPAYER/AGENT INFORMATION

Name: _____

Residence Address/Place of Business Physical Location: _____

Telephone: _____ Email: _____

COMPLETE ALL THAT APPLY

Names of the parties/witnesses that will **participate telephonically** at the hearing: _____

Names of the parties/witnesses that will **appear in person** at the hearing: _____

By signing this request form, I understand and agree to the following:

- Telephonic hearings are requested for fewer than ten (10) petitions
- Any and all evidence that the Taxpayer/Agent wishes to have considered at the hearing has been or will be exchanged with the Property Appraiser pursuant to Florida law **AND** one (1) additional **HARD COPY** of any such exchanged evidence will be **MAILED** to the VAB Clerk no later than seven (7) days prior to the corresponding hearing at the address indicated below. **The VAB Clerk cannot accept evidence via e-mail.**
- I will have a notary present at my telephonic hearing to administer an oath and complete my Affidavit(s)
- All other conditions described in the Hernando County Value Adjustment Board Telephonic Hearing Procedures are available at the Value Adjustment Board link at the Clerk's website: <http://hernandoclerk.com/value-adjustment-board>

Taxpayer/Agent (**Circle One**) Signature

Printed Name

Date

**Request must be received by the VAB no later than three (3) business days
prior to the scheduled hearing date.**

Send by mail to address above; E-mail to VAB@HernandoClerk.org; or Fax: (352) 754-4239



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Hernando County Value Adjustment Board
Telephonic Hearing Sworn Affidavit

Petition Number: _____

I hereby swear and affirm that all statements made by me, _____, party/witness (Circle One) in the above referenced Hernando County Value Adjustment Board Petition, were the truth and nothing but the truth, during the telephonic hearing held in the Value Adjustment Board Hearing Room, on _____, 20__ at _____ A.M./P.M. for the above referenced Hernando County Value Adjustment Board Petition.

Signature: _____

Printed Name: _____

ACKNOWLEDGEMENT

State of _____ County of _____

Before me, the undersigned authority, personally appeared _____, who produced _____ as identification, or who is personally known to me, and who by me was duly sworn, states that his/her testimony during the hearing for above referenced Hernando County Value Adjustment Board Petition was the truth and nothing but the truth.

In witness my hand and official seal this _____ day of _____, 20____.

Notary Public

(SEAL)

This original notarized document must be submitted by e-mail to VAB@HernandoClerk.org after the hearing, no later than the end of the next business day.

**This original document must also be mailed to the address below within seven (7) days of the hearing date:
Hernando County Value Adjustment Board
20 N. Main St., Rm 362
Brooksville, Florida 34601**