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. These local policies and procedures do not change, extend or shorten statutory evidence exchange requirements. All parties must comply with statutory evidence exchange requirements, and the local procedures set forth herein are for the production of evidence to VAB Administration only, and only for matters where telephonic hearings have been permitted.

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](http://www.clerk.co.hernando.fl.us/value-adjustment-board) and e-mailed to **VAB@HernandoClerk.org**; or mail to Hernando County Value Adjustment Board, 20 N. Main St., Room 362, Brooksville, Florida 34601; or 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 under the following circumstances:
   a) The telephonic hearing is requested for fewer than ten (10) petitions, and either
      1. The petitioner’s residence or place of business is more than 450 miles from the hearing location, **OR**
      2. The petitioner has a valid medical reason that does not allow him/her to be physically present.
   b) 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.
   c) The party requesting a telephonic hearing shall call the Hearing Room at the time designated on their revised hearing notice.
   d) 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.
   e) 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.
   f) 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](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.
**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: _______________________

<table>
<thead>
<tr>
<th>TAXPAYER/AGENT INFORMATION</th>
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<tbody>
<tr>
<td>Name: ______________________</td>
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<tr>
<td>Residence Address/Place of Business Physical Location: ______________________</td>
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<tr>
<td>Telephone: __________________</td>
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<td>Email: ____________________</td>
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<th>COMPLETE ALL THAT APPLY</th>
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<tr>
<td>Names of the parties/witnesses that will <strong>participate telephonically</strong> at the hearing: ______________________</td>
</tr>
<tr>
<td>Names of the parties/witnesses that will <strong>appear in person</strong> at the hearing: ______________________</td>
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By signing this request form, I understand and agree to the following:

- I will have a notary present at my telephonic hearing to administer an oath and complete my Affidavit(s)
- Telephonic hearings are requested for fewer than ten (10) petitions
- Petitioner’s residence or place of business is more than 450 miles from the hearing location (or) Petitioner has a valid medical reason that does not allow him/her to be physically present.
- 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.**
- 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](http://hernandoclerk.com/value-adjustment-board)

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

**Printed Name**

**Date**

**Request for Telephonic Hearing must be received by the VAB clerk no later than three (3) business days prior to the scheduled hearing date. Requests may be mailed to address above; or e-mailed to VAB@HernandoClerk.org; or faxed to (352) 754-4239**

*These local policies and procedures do not change, extend or shorten statutory evidence exchange requirements. All parties must comply with statutory evidence exchange requirements, and the local procedures set forth herein are for the production of evidence to VAB Administration only, and only for matters where telephonic hearings have been permitted.*
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 Street, Rm 362
Brooksville, Florida 34601