

RECORDS REQUEST FORM

Requester's Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Request for:  Documents  Certified Documents  FTR Audio

Preferred Delivery Method:  Pick-Up  Email  Mail (additional postage fees apply)

Case No.: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Type(s):

- Divorce w/Children       Divorce w/o Children       Child Support/Custody
- Adoption/Termination       Guardianship/Conservatorship       Juvenile
- Civil Protection Orders       Criminal       Other: \_\_\_\_\_

Specific Documents Requested (with file dates) / Hearing Dates for Audio: \_\_\_\_\_

Reason for Request/Relation to the Case (Required on exempt, sealed, or otherwise confidential cases/documents): \_\_\_\_\_

By submitting this judicial records request, I certify that I will not use the disclosed information for an illegal purposes.

Date: \_\_\_\_\_ Sign: \_\_\_\_\_

Clerk's Office Use Only Below Line

Judge Review Necessary

Request Granted for:  Copies  View Only  Audio **OR**  Request Denied

Judge's Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Sign: \_\_\_\_\_

Action taken by (Deputy) Clerk:

Identification Verified:  Yes  NA

Fees:

Pages : \_\_\_\_\_ (\$1.00 /page) \$ \_\_\_\_\_

Certifications: \_\_\_\_\_ (\$1.00 per stamp) \$ \_\_\_\_\_

Audio: \_\_\_\_\_ (\$ \_\_\_\_\_ / \_\_\_\_\_) \$ \_\_\_\_\_

Date: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Deposit: -\$ \_\_\_\_\_

Credit Card Fee: \$ \_\_\_\_\_

Deputy Clerk

Total Fees Paid: \$