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: __________

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

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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

Date: ______________________________

____

Deputy Clerk

Fees:

Pages : __________ ($1.00 /page)	$	__________
Certifications: __________ ($1.00 per stamp)	$	__________
Audio: __________ ($______ /__________)	$	__________
Total:	$	__________
Deposit:	-$	__________
Credit Card Fee:	$	
Total Fees Paid:	$	