

## 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

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

Deputy Clerk

Fees:

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

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

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

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

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

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

Total Fees Paid: \$ \_\_\_\_\_