

## RECORDS REQUEST FORM

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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):

<input type="checkbox"/> Divorce w/Children	<input type="checkbox"/> Divorce w/o Children	<input type="checkbox"/> Child Support/Custody
<input type="checkbox"/> Adoption/Termination	<input type="checkbox"/> Guardianship/Conservatorship	<input type="checkbox"/> Juvenile
<input type="checkbox"/> Civil Protection Orders	<input type="checkbox"/> Criminal	<input type="checkbox"/> 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: \_\_\_\_\_

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Clerk's Office Use Only Below Line  Judge Review Necessary

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

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

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

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Action taken by (Deputy) Clerk:

Identification Verified:  Yes  NA

Fees:

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

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

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

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

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

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

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

Deputy Clerk