STATE OF IDAHO
SIXTH JUDICIAL DISTRICT COURT
JUDICIAL RECORD AND AUDIO REQUEST

This request should be submitted to the county specific to your case.

Idaho Court Administrative Rule (ICAR) 32

PURSUANT TO THE TERMS OF IDAHO COURT ADMINISTRATIVE RULE (I.C.A.R) 32, CERTAIN COURT CASE FILES AND RECORDS ARE CONFIDENTIAL AND EXEMPT FROM DISCLOSURE.

Name: _____ Phone: _____

Mailing Address: _____
Street City/State Zip Code

Email Address: _____

I am requesting: ☐ Copies out of the file, including: ☐ Paper Document(s) **OR** ☐ Electronic Copies (pick one)
☐ Sealed Records ☐ To examine records (no copies) ☐ Audio Recording(s): ☐ Email **OR** ☐ CD/Jump Drive (pick one)

Court Case Number: If requesting multiple cases, each case number needs to be on a separate form.

_____

Case Name: _____

Case Type:
☐ Divorce w/ Children ☐ Divorce w/o Children ☐ Child Support/Custody ☐ Adoption/Termination
☐ Guardianship/Conservatorship ☐ Juvenile ☐ Civil Protection orders ☐ Criminal ☐ Other: _____

Please **fully describe** the information you are requesting.

Specific Documents Requested, should be as specific as possible and **include document name(s)**, if known.

Specifically list EACH date and type of hearing(s) and/or filing dates.

Audio Requests include the presiding Judge, specific date(s) and type(s) of hearing(s), and approximate length of hearing(s).

Sealed Records-Adoption/Termination of Parental Rights include year of adoption, adopting parents' names, child's name before adoption, birth mothers' name(s), and/or birth father's name.

Attach additional pages if needed. Your request can not be fulfilled without specific details and information entered.

_____

_____

_____

_____

_____

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 any illegal purpose.

A current fee waiver specific to this records request must be attached to have the applicable fees waived.

The requested information may take up to three (3) business days to process. If the requested materials are not available within three (3) business days, we will notify you in writing, pursuant to Idaho Code § 9-339, and the records will be provided no later than ten (10) business days after the date of the request.

Requesting Party Signature: _____ Date/Time: _____

9/23/26D6LP

*****RESPONSE*****

☐ **REQUEST GRANTED**

The requested record is ☐ attached or ☐ available.

☐ Contact the custodian listed below to arrange a time to examine the documents.

☐ Advance Payment Required:

☐ The request includes _____ paper pages; _____ certifications; _____ audio recordings for a total of $_____, **to be paid in advance**.

☐ The request includes _____ electronic copies; _____ over 100 pages; _____ labor over 2 hours for a total of $_____.

PAPER COPY FEES: (Pursuant Idaho Code 31-3201) $1.00 per page. $1.00 per seal to certify a document.
Admin Order-2026-09: The county may charge for all actual costs of producing an audio record.

☐ **RESPONSE DELAYED** Additional time, **up to 10 working days** from the date of your request, is necessary to locate or retrieve the requested record.

☐ **Unable to Respond for One or More of the Following Reasons**

☐ The request is ambiguous. Please provide additional information to clarify your request.

☐ The request records are not known to exist.

☐ This office or department is not the custodian of the requested record.

☐ **NOTICE OF DENIAL**

The requested record is exempt from disclosure pursuant to ICAR 32. Idaho Code 74-(104-111).

☐ **NOTICE OF PARTIAL DENIAL**

Your request has been partially denied. Certain information has been determined to be exempt from disclosure pursuant to ICAR 32 and has been redacted from the requested record. Idaho Code 74-(104-111).

COMMENTS:

_____

_____

Signature of Responding Official/Custodian: _____Printed Name: _____