

REQUEST FOR PUBLIC RECORDS

Name of Defendant: _____
Last First Middle Initial

_____ M/F _____
Date of Birth Sex Race SSN

Charge/Offense: _____

Approximate Date of Offense: _____

I am requesting the following for the records stated above:

_____ To obtain a copy of the court record

_____ To obtain a certified copy of the court record

Person requesting records: _____
NAME (Please print)

_____ ADDRESS APT # (IF APPLICABLE)

_____ CITY, STATE & ZIP CODE

(_____)
PHONE NUMBER

_____ SIGNATURE

_____ I am requesting this information to be mailed to me at the above address.

_____ I am requesting a phone call when this information is ready and I will pick it up at the Court Clerk's office.

_____ Attach a copy of ID if person is requesting their own record.

Please note that the Court has three (3) working days to respond to your written request for Court records. This information will only include cases that are considered public record and will not include any closed record information unless the person requesting this information is the actual defendant and presents proper identification to the Court.