

REQUEST FOR RECORDS

I request the records/recorded proceedings of the below-entitled court case.
Please allow ten (10) working days for records

Name of Defendant

District Court Case #

Date of Hearing

Records are to be _____Picked up by Requestor _____Mailed to Requestor

MAIL COPIES TO THE FOLLOWING ADDRESS (Include a self-addressed, stamped envelope with the appropriate postage for all "To Be Mailed" requests or pay an additional \$1.00 for each mailing.

Mail To:

Name_____

Address_____

Phone #_____

Requestor's Signature

Date

DUPLICATION FEES-

Copies of CD's	\$25.00 per CD + \$1.00 if mailed
Photo Copying	.15 per page
Certification of Document	\$6.00 each document
Postage	actual costs
NSF Checks	\$30.00

ALL FEES MUST BE PAID PRIOR TO RECORDS BEING COPIED