

Background Check Request

NOTE: Please print clearly. You will be contacted upon completion of your request.

You must provide a contact phone number and email address.

Pursuant to Administrative Order 2026-02 (available on the Court's website), to obtain a background check, a non-refundable cost of \$10.00 is payable at the time the request is made.

Request Date: _____

Time: _____ AM PM

Requested by: _____

Job Title: _____

Phone #: _____

Private Attorney Advocate

Address: _____

Division: Criminal Traffic Civil

Email address: _____

Certified Copy

If there are any outstanding or pending matters in any division, they will be included on the background.

Name of Person: _____

DOB: _____

Other Names or Aliases: _____

SS#: _____

Year(s): _____

REASON FOR REQUEST: _____

OFFICIAL USE ONLY

Received by: _____ Date: _____ Time: _____ AM PM

Total Paid: _____ **REQUEST COMPLETED** Staff Initials: _____

Contact 1

Person Contacted: _____ Staff Initials: _____

Time Called: _____ Date: _____

Comments: _____

Contact 2

Person Contacted: _____ Staff Initials: _____

Time Called: _____ Date: _____

Comments: _____

REQUESTING PARTY

Received by: _____ Date: _____ Time: _____ AM PM