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 <u>outstanding or pending matters</u> 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