Request for Information

NOTE: **Please print clearly.** You will be contacted upon completion of your request.
You must provide a contact phone number and email address.

Request Date: _____ Time: _____ ☐ AM ☐ PM

Requested by:_____ Job Title: _____

Phone #: _____ ☐ **Private Attorney** ☐ **Advocate**

Address:_____

_____

Division: ❒**Criminal** ❒**Traffic** ❒**Civil**

Email address:_____

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

Name of Case:_____ DOB: _____

Other Names or Aliases: _____ SS#: _____

Case #s: _____ ❒ Pending

Date of Case: _____ ❒ Closed

Documents Requested: _____

_____

Please indicate action requested:

❒ Certified Copies - $5.00 Per Certification ❒ Audio Recording $5.00

❒ Copies - 50¢ Per Page ❒ Review File

OFFICIAL USE ONLY

Emailed by: _____ Date:_____ Time: _____ ☐ AM ☐ PM

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

❒ **REQUEST COMPLETED** Staff Initials: _____

CONTACT INFORMATION

Contact 1

Person Contacted:_____ Staff Initials: _____

Time Called: _____ Date:_____

Comments:_____

Contact 2

Person Contacted:_____ Staff Initials: _____

Time Called: _____ Date:_____

Comments:_____

REQUESTING PARTY

Reviewed/Received by:_____ Date:_____ Time: _____ ☐ AM ☐ PM

Revised: 05/18/2026