☐ Request for Information
☐ Request to Review a File

NOTE: **Please print clearly.** You will be contacted upon completion of your request.
You must provide a contact phone number and email address. **Must bring ID when picking documents up.**

Please fill out each section. If it doesn't apply, place N/A in the space. An incomplete request will be returned.

Request Date: _____ Time: _____ ☐ AM ☐ PM

Requested by:_____ Job Title: _____

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

Address:_____

_____

Email address:_____

Division: ☐**Criminal** ☐**Traffic** ☐**Civil**

Alternative Contact Information: _____

Name of Case/Person:_____ DOB: _____

Maiden Names or Aliases: _____ SS#: _____

Case #: _____ ☐ Pending

Year of Case: _____ ☐ Closed

Reason for Request: _____

_____

Please indicate action requested:

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OFFICIAL USE ONLY

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

☐ **REQUEST COMPLETED** Staff Initials: _____ Date: _____

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: 10/29/2026