

Request for Information

NOTE: Please print clearly and fill out all bold information. You will be contacted upon completion of your request.
You must provide a contact phone number and address.

Date of Request: _____ **Time:** _____ **am/pm**
Requested by: _____
Address: _____ **Phone #:** _____
City: _____ **State:** _____ **Zip code:** _____

Division of Case: Criminal Traffic Children's Court Civil
Name of Case: _____
Other Names or Aliases _____ **DOB(s)** _____
Case #(s): _____ **SS#** _____
Date of Case: _____ Pending Closed

Documents Requested: _____

Please indicate action requested:
 Certified Copies- \$5.00 Per Certification Review Files
 Copies- 50¢ Per Page Other

OFFICIAL USE ONLY

Received by: _____ *Date/Time:* _____
Forward to: _____

 Request Completed
Staff Initials: _____ *Date/Time:* _____ am/pm

Contact 1
Person Contacted: _____
Time Called: _____ Date: _____
Comments: _____

Contact 2
Person Contacted: _____
Time Called: _____ Date: _____
Comments: _____

Contact 3
Person Contacted: _____
Time Called: _____ Date: _____
Comments: _____

REQUESTING PARTY

Reviewed/Received by: _____
Date: _____ *Time:* _____ am/pm