

Document Request Form

Case Number/Type: _____

Name on File: _____

Name of Document: _____

Estimated Date of File/Document: _____

Certified or Regular copies: _____

Print-out or emailed: _____

.....
Your Name: _____

Your Phone#: _____

Your Mailing Address: _____

Your Email Address: _____

All Requests that are in case files that are dated in 2000 or before will be done on Fridays of every week. Keep this in mind when requesting documents.

*Note: There is a \$20 research fee
Certified Copy Fee: \$5 for 1st page and \$1 for every page after
Regular Copy Fee: \$.50 cents per page
Emailed Copy Fee: \$.25 cents per page
Mailed documents require a pre-paid, self-addressed envelope*