

Document Request Form

Case Number/Type: _____

Name on File: _____

Name of Document: _____

Estimated Date of file/document: _____

Certified copies: _____

Regular copies: _____

* * * * *

Your Name: _____

Your Phone#: _____

Your Mailing address: _____

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 \$20.00 research fee

Certified Copy Fee: \$5.00 for 1st page and \$1.00 for every page after

Regular Copy Fee: \$. 50 cents per page