Record Search Request



INFORMATION REQUESTED							
Name of Party (list all names used):							
DOB/DOD:	Filing Date or Year:		Ca	Case Number (if known):			
Case Type:							
	affic ☐ Felony ☐ Probate ☐ Domestic ☐ Civil ☐ All						
Specific Research Request:							
Specific Copy Request:							
CONTACT INFORMATION							
Name of requesting party:							
Mailing Address:		Phone:		E-mail Address:			
ivialiling Address.		Phone.		E-mail Address.			

TO BE COMPLETED BY JUDICIAL STAFF

PAYMENT INFORMATION						
		Quantity	Amount			
Search Fee	\$5.00 per name					
Copies	\$.75 per page					
Certification	\$13.00 per document					
Extensive Research	\$20.00 per hour					
Redaction	\$6.25 per quarter hour					
Postage Recovery	USPS rate					
	\$					

You will be contacted by e-mail, phone, or mail regarding the amount due. Once payment is made your research will be performed and will be completed in 3 days, unless a problem arises.

You may e-mail the form using the link on the homepage for requests.