Today’s Date:       (mm/dd/yyyy)

**Court case number (if you know it):**

**Name(s) to be searched:**

 Date of Birth:        (mm/dd/yyyy)

Also Known As:

If more than 1 party in case, please

 list the second primary party if known:

**Search Dates**: (e.g., 2007-2009) From:       To:

**Type of Record (please describe nature of case and/or offense):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION/DOCUMENT COPIES REQUESTED:**

[ ]  List of Case Numbers ($5) [ ]  Case Disposition/Sentence Order/Judgment of Conviction

[ ]  Register of Actions/ROA (A brief explanation of the case including but not limited to charges, sentences and minute orders [ ]  Decree of Dissolution of Marriage

[ ]  Order for Allocation of Parental Responsibilities (Requires Proof of Party form; can only be faxed or mailed)

[ ]  Separation Agreement (Requires Proof of Party form; can only be faxed or mailed due to confidential nature of document)

[ ]  Parenting Plan (Requires Proof of Party form; can only be faxed or mailed due to confidential nature of document)

[ ]  Other (Specify document title and approximate date) \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I need it certified with a Court seal (Cost is $20 per certification. May be required for Social Security, DMV, passport, etc.)

**Method of Payment:** (We only accept credit/debit card payments by phone and checks or money orders by mail)

[ ]  I will pay in person [ ]  I will mail a check for payment\* [ ]  I would like to pay with a credit/debit card by phone\*

**\*PLEASE PROVIDE A CURRENT PHONE NUMBER BELOW FOR STAFF TO CONTACT YOU FOR PAYMENT. IF PAYMENT WILL BE MADE BY SOMEONE OTHER THAN THE REQUESTOR, PLEASE PROVIDE NAME AND PHONE NUMBER OF PAYOR:**

**Method of Delivery:** (RECORD REQUESTS WILL NOT BE DELIVERED UNTIL PAYMENT IN FULL HAS BEEN RECEIVED)

[ ]  Mail [ ]  Pick Up in Clerk’s Office [ ]  Email (non-certified copies only) [ ]  FAX (non-certified copies only)

Email Address or fax number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEARCH COMPLETED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_

 Deputy Clerk

 NO RECORD FOUND ENCLOSED

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (   )