

REQUEST FOR COPIES OF COURT FILES OR RECORDS
Pursuant to GR 31 Court Records

WHAT DOCUMENTS WOULD YOU LIKE?

- Complaint/Citation Judgment/Sentence No Contact Order Plea Agreement
- Electronic Docket Pretrial Diversion Agreement Audio _____ (Date of Hearing)
- Other (specify) _____

DO YOU NEED CERTIFIED COPIES? YES NO

- **Copy fees \$.50 per page; Certification Fee \$5.00 per document plus page count; CD's \$10 per CD;** payment may be made by check or cash, or if the fee is over \$5.00 by debit/credit card.
- After fees have been paid, copies may be picked up at the court during regular business hours from 8 am to 12 pm and 1:00 pm to 4:30 pm Monday through Friday except holidays.
- If you cannot pick up your documents, please indicate your preferred delivery method: Mail (postage must be prepaid) Fax (limit of 20 pages)

RECORD/DOCUMENT INFORMATION [Must have one of the following combinations: 1) Name and date of birth of a party (the defendant in a criminal matter); 2) Name and Washington driver's license number of a party (the defendant in a criminal matter); 3) Case number. Other helpful information is the type of charge and date of violation.]

Name: _____

Date of birth: _____

Defendant's Driver's License Number / State: _____

Case Number(s) (or) Type of Charge (or) Date of violation: _____

REQUESTOR'S INFORMATION

Name: _____ Agency (if applicable): _____

Telephone #: _____ Fax #: _____

Mailing Address: _____ Apt. # _____

City

State

Zip Code

E-mail Address _____

**If documents are not claimed within 30 days, reapplication and prepayment
will be required including previous fee(s).**

Signature of requestor: _____ **Date:** _____

Internal Use Only: Date Requestor Advised: _____ **Amount Due: \$** _____