## REQUEST FOR ACCESS TO COURT FILES OR RECORDS

## WHAT DOCUMENTS WOULD YOU LIKE?

Complaint/Citation/Information $\square$ Electronic DocketNo Contact OrderJudgment/Sentence
Change of Plea
$\square$ Copy of recorded hearing
$\square$ Pre-trial Diversion AgreementOther (specify) $\qquad$
Copy fees: $\quad 100$ pages or less No Charge 101 or more pages $\$ .15$ per page (charge includes first 100 pgs.)

Do you need CERTIFIED copies? $\square$ YES $\square$ NO (choose one)
Copy fee is $\$ 5.00$ for the first page and $\$ 1.00$ for each additional page per paper document.
Copy fee is $\$ 25.00$ per CD for each recorded hearing.
Payment may be made by check, cash, money order or credit/debit card (convenience fee will be added).
After fees have been paid, copies may be picked up at the court during regular business hours from 8 a.m. to 5 p.m. If you cannot pick up your documents, please indicate your preferred delivery method (circle one): Mail / Fax / E-mail

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

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); or \#3 Case number. Other helpful information is the type of charge and date of violation.

Name: $\qquad$
Date of birth: $\qquad$
Defendant's Driver's License Number / State: $\qquad$
Case Number(s): $\qquad$ Type of Charge (or) Date of violation: $\qquad$
REQUESTOR'S INFORMATION
Name: $\qquad$ Agency (if applicable): $\qquad$
Telephone \#: $\qquad$ Fax \#: $\qquad$
Mailing Address: $\qquad$
City: $\qquad$ State: $\qquad$ Zip: $\qquad$
E-mail Address $\qquad$
I agree that this information will not be used for commercial purposes and that it will be protected from commercial use.

Signature of requestor: $\qquad$ Date: $\qquad$
$\qquad$ Amount Due: \$ $\qquad$

