

PUBLIC COURT RECORDS REQUEST FORM FOR DISTRICT COURT-STEVENSON AND NORTH BONNEVILLE
MUNICIPAL COURTS ONLY

What documents are you requesting? (Select the requested documents/records below.)

Complaint/Citation/Information Judgment/Sentence Form CD of Court Proceedings
 Stipulated Order of Continuance (S.O.C.) Stay of Proceedings Electronic Docket
 Statement of Defendant on Plea of Guilty Anti-Harassment/Domestic Violence Petition/Order

Other: _____

(Please describe the records you are requesting. You may attach additional pages if more space is needed.)

Do you need certified copies? YES / NO List Documents to Certify: _____

Record/Document information of Party/Defendant: (Please include as much information as possible. Failure to include identifying information will delay our ability to complete requests.)

Name of Party/Defendant(s): _____ DOB: _____ Case Number(s): _____

Type of Charge(s): _____

Date(s) of Violation/Hearing: _____

You may submit your request in person, via fax, mail, or email. Once your request is received, you will be notified within 5 business days of the cost. Your request will be fulfilled once payment is received and processed.

****PLEASE ALLOW UP TO 5 BUSINESS DAYS FOR PROCESSING PAYMENTS WITH CREDIT/DEBIT CARDS.****

Preferred Delivery Method of Records: (Circle Selection) Pickup at the Court Fax Mail Email

Requestor's Information:

Name: _____ Agency: _____

Telephone #: _____ Email/Fax #: _____

Mailing Address: _____ City: _____ Zip: _____

Requestor's Signature: _____ Date: _____

By submitting this signed form, pursuant to RCW 42.56.070(8), you certify that you will not use any lists of individuals you received in response to this request for commercial purposes.

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FOR INTERNAL USE ONLY

Copy Fees:

- | | |
|--|----------|
| <input type="checkbox"/> Audio Recording of Hearings (\$20.00 per hearing – in CD format) | \$ _____ |
| <input type="checkbox"/> Copy of Case Docket/File Documents (\$0.50 per page) | \$ _____ |
| <input type="checkbox"/> Certified Copies (\$5.00 for 1 st page & \$1.00 for each additional page.) | \$ _____ |
| <input type="checkbox"/> Email Delivery Service Fee (\$0.25 per page) | \$ _____ |
| <input type="checkbox"/> Mailed Delivery Service (TBD by Court Clerk) | \$ _____ |
| <input type="checkbox"/> Research/Preparation of Records (\$30 per hour after 1 st hour) | \$ _____ |

Amount Due: \$ _____ Payment Received: Yes No Method: _____ Date: _____

Date Records Sent to Requestor: _____ Request Processed by Clerk: _____