

RESEARCH REQUEST FORM

PLEASE NOTE: REQUESTS WILL BE HANDLED IN THE ORDER THAT THEY ARE RECEIVED. PROCESSING IS A MINIMUM OF 8 WEEKS. YOU WILL BE NOTIFIED BY PHONE WHEN COMPLETED. ONCE RESEARCH IS COMPLETED, PAYMENT FOR ANY COPIES MUST BE RECEIVED WITHIN 30 DAYS.

Research fee is \$15.00
Copies are \$.50 per page
Certification is \$40.00

Date: _____ Clerk: _____ Research Fee Paid: _____

****Please provide as much information as possible****

DEFENDANT INFO :

- Name (at the time the incident occurred): _____
- Have you gone by any other names (AKA's): _____
- What is your date of birth (AKA's): _____

CASE INFO :

- What date and/or year did the crime occur: _____
- Were you arrested: Yes/No/Can't remember (**circle one**)
- What was the initial crime you were charged with: _____
- Were you charged with a Misdemeanor/Felony/Unknown (**circle one**)

DOCUMENTS REQUESTING :

- Complaint/Citation Certified
- Disposition Certified
- Probation Terms Certified
- Other: _____

REQUESTING PARTY CONTACT INFO :

- Name: _____ Email: _____
- Phone number(s): Home _____ Cell _____
- Address: _____

CASES NUMBERS/INFO FOUND DURING 10 MINUTES OF RESEARCH

[] ODYSSEY _____

[] ARCHIVES REFERENCES (Purged/Basement list)/O:DRIVE _____

[] FORTIS _____

[] JAIL SCREEN _____

[] DA SCREEN _____

[] ARCHIVE SCREEN _____