REQUEST FOR COURT RECORDS

Pursuant to RULE 29, Rule of the Supreme Court, and the Supreme Court Records Retention and disposition schedule, no CRIMINAL CASE RECORDS are available which are more than five (5) years old. No TRAFFIC CASE RECORDS are available which are more than one (1) year old.

Requested By: _____ Date of Request:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Phone Number: (____) _____

[ ] View only (no charge) [ ] Copies ($ .50 per page) [ ] Cassette Tape Recording ($17 per tape)

[ ] Certified Copies ($17 per case plus copy charge) [ ] Compact Disc Recording ($17 per disc)

[ ] Video Tape Recording ($25 per tape)

REQUESTS WILL NOT BE PROCESSED WITHOUT PAYMENT

Requesting the following documents:

[ ] Complaint/ Citation [ ] Judgment of Guilt [ ] Plea Proceedings

[ ] MVD Abstract [ ] Waiver of Counsel [ ] Notice of Appearance

[ ] Sentence Information [ ] Fingerprint [ ] Other:_____

FOR THE FOLLOWING INDIVIDUAL:

_____

(Last Name) (First Name) (Middle)

Social Security Number _____ Date of Birth _____

FOR THE FOLLOWING:

[ ] Case Number _____ [ ] Citation(s) _____

[ ] Date of Incident _____ [ ] Type of Charge _____

[ ] Other Information _____

[ ] Other Information _____

***Standard time frames to produce records:**

1. Open Cases – Same day
2. Closed Cases – Approximately 3-5 business days.

[ ] Please call me at: (_____) _____ for pick up.

NOTE: Failure to retrieve records within 10 business days will result in the records being mailed.

[ ] Please fax records to: (_____)_____

[ ] Mail to:_____

(Street Address)

_____

(City) (State) (Zip Code)

Records will be mailed via U.S. Postal Service

COURT USE ONLY

The Court Fee, per A.R.S. 22-40 b:

*per ARS 12-115 a 15% State Surcharge is included in cost per page

[ ] Copies @ $ .50 per page : $_____

[ ] Certified @ $17.00 per case plus $ .50 per page $_____

[ ] Cassette Tape Recording @ $17.00 per tape $_____

[ ] Compact Disc Recording @ $17.00 per tape $_____

[ ] Video Tape @ $25.00 per tape $_____

[ ] Background Check @ $17.00 page (Maximum of 10 names per page) $_____

TOTAL AMOUNT DUE: $_____

Clerk: _____ Date Paid: _____