

REQUEST FOR PUBLIC RECORDS

Person/Organization Requesting Record: _____

Reason for Request: _____

Party Name: _____ Date Of Birth: _____

Case Number(s): _____

Daytime Phone Number: _____ Email: _____ Fax: _____

Specific Documents or Information Requested: _____

Are Certified Copies Requested? (Cannot Be Faxed or Emailed) Yes No

Delivery Method: Mail Pick Up Fax (non certified) Email (non certified)

Mail To (If Applicable) Address: _____

City: _____ State: _____ Zip: _____

Signature _____ Date _____

PAYMENT METHOD: CHECK CASHIERS CHECK/MONEY ORDER CREDIT CARD

CREDIT CARD AUTHORIZATION

Cardholder Name: _____

Cardholder Phone Number: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

3 Digit Security Code: _____ Expiration Date: _____ Amount: (Plus Service Fee) _____

I Authorize the Kingman / Cerbat Justice Court to Charge the above Credit Card

All payments made with a credit/debit card are subject to a transaction fee by a third party vendor for each transaction (2.5% or with a \$2.00 minimum).

Cardholder Signature: _____ Date: _____

Fees for information requested:

JUSTICE COURT

\$28.00 Search Fee (*Search fee applies for each case requested*)

\$ 0.50 per Page Copy Fee

\$28.00 Additional for Certified Copies

\$28.00 Copy of Audio Tape