Douglas County District Court

REQUEST FOR ACCESS TO COURT FILES OR RECORDS

Requestor's Information

Name: _____ **Agency (if applicable):** _____

Telephone #: _____ **Fax #:** _____

Mailing Address: _____ **Apt#:** _____

City: _____ **State:** _____ **Zip:** _____

Date: _____ **Signature of Requestor:** _____

*** If documents are not claimed within 30 days, reapplication and prepayment will be required, including previous fees(s) ** If emailing this form, it must go to dcdcew@co.douglas.wa.us**

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

Name:_____

Date of birth: _____

Defendant's Driver's License Number / State: _____

Case Number(s) (or) Type of Charge (or) Date of violation: _____

_____

I will retrieve my request by: ☐ **Pick up at counter M – F between 9 a.m. and 4 p.m.**

☐ **Email to** _____

☐ **Fax to** _____

Documents: ☐ **Uncertified - $0.50 per page (physical document picked up at counter)**
- $0.25 per page (digital document emailed)
☐ **Certified - $5.00 first page, $1 each additional page**

Recording of hearing: ☐ **CD - $20**
☐ **MP3 - $10**
☐ **Thumb Drive - $10**

☐ **Complaint/Citation/Information** ☐ **Judgment/Sentence Form** ☐ **No Contact Order**
☐ **Stipulated Order for Continuance** ☐ **AH or DV Petition/Order** ☐ **Electronic Docket**

☐ **Other (specify)**_____

Internal Use Only

Amount Due: $ _____

☐ **Requestor advised of cost – Deputy clerk initials and date:** _____

☐ **Records paid for and sent – Depty clerk initials and date:** _____