

Lewis County Clerk's Office
345 W. Main Street
Chehalis WA 98532
Phone: 360-7402704

Request for Court Records

Please print or write clearly. Inaccurate or illegible information may delay your request. Allow 2 weeks for processing. The court cannot provide a complete criminal history or record check. To perform a statewide search for cases, please refer to www.courts.wa.gov. To perform a criminal history search, please refer to www.watch.wsp.wa.gov.

Today's Date:	Requestor's Name:
Requestor's Phone Number:	Requestor's Email Address:

Case Number: <small>Note: Submit a separate request for additional case numbers.</small>	Case Title: <i>(John Doe vs. Jane Doe)</i>
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Case Type:

Criminal
 Civil
 Family
 Probate/Guardianship
 Juvenile

Title of Document Requested or Sub #	Date of Order/Filing Date

Requested Copy Type: *Fees are assessed pursuant to RCW 36.18.016(4) and 36.18.016 (11).*

Regular copies – \$0.50 per page, minimum \$1.00
 Email copies – \$0.25 per page, minimum \$1.00 (applies only to documents that are already in digital format)
 Certified copies – \$5.00 for the first page and \$1.00 for each subsequent page, per document.
 Exempted copies – \$9.00 for the first page and \$1.00 for each subsequent page, per document

Note: *For the Clerk to perform an archival search of cases not scanned into our case management system, there will be a records search fee of \$30.00 per hour.*

Requested Delivery:

Email **(not available for certified copies)**

Delivery Email Address: _____

Pick up in office (available for five business days)

Mail – Postage fees will apply

Mailing Address: _____ City: _____ State: _____ Zip code: _____

Total Amount confirmed by Clerk's Office: Click [HERE](#) or call 1-866-923-6534 to make payment Payment \$ _____

Confirmation Number: _____

Submit this request in person or by mail to Lewis County Clerk, 345 W. Main Street, Chehalis, WA 98532, or by email to clerkrecords@lewiscountywa.gov.

I agree that the information provided will not be used for commercial purposes and will not be resold by myself or by any organization I represent. I will protect the information from access by anyone who may use it for commercial purposes.

Requestor Signature _____
Date

CLERKS OFFICE USE ONLY

Date Received: _____ Received By: _____ Amount Paid: _____ Receipt #: _____
 Date Completed: _____ Completed By: _____ Via: _____