

LEWIS COUNTY DISTRICT COURT

COURT RECORDS REQUEST FORM

**THE COURT CANNOT PROVIDE A COMPLETE CRIMINAL HISTORY OR RECORDS 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**

REQUESTOR'S INFORMATION *Indicates required information; without it your request cannot be processed.

*Name: _____ Agency (if applicable): _____

*Telephone #: _____ Fax #: _____

*Mailing Address: _____ Apt#: _____
City: _____ State: _____ Zip: _____

E-mail Address: _____

RECORD/DOCUMENT INFORMATION *Indicates required information; without it your request cannot be processed.

*Defendant's Name: _____

*Case Number(s): _____
Court staff cannot perform case searches for you; you **MUST** provide case number(s) or your request cannot be processed.

DOCUMENT(S) REQUESTED

Complaint/Citation/Information

Judgment/Sentence

Docket

Plea Agreement

CD of Hearing(s)

Other _____

DO YOU NEED CERTIFIED COPIES? ☐ YES ☐ NO

CERTIFIED COPIES-\$5 per document; REGULAR COPIES-.25 cents per page; CD of HEARING(S)- \$20 per cd

List the specific documents you would like certified: _____ After

fees have been paid copies may be picked up at the District Court during regular business hours If you cannot pick up your

documents please indicate your preferred delivery method (check one): Mail Fax Email

***I agree that the information provided will not be used for commercial purposes and I will not release it to any unauthorized person(s).**

Signature of requestor: _____ **Date:** _____

Internal Use Only: Date Completed: _____ **Amount Due/Paid: \$** _____