

Lewis County Clerk's Office
345 W. Main Street
Chehalis WA 98532
Phone: 360-740-2704

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: Note: Submit a separate request for additional case numbers.	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: <i>Fees are assessed pursuant to RCW 36.18.016(4) and 36.18.016 (11).</i> ☐ Regular copies – \$0.50 per page, minimum \$1.00 ☐ Email copies – \$0.50 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. ☐ Exemplified copies – \$9.00 for the first page and \$1.00 for each subsequent page, per document Note: <i>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.</i>
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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: _____
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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 _____
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CLERKS OFFICE USE ONLY

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