Lewis County District Court Request to Access Court Records

Person Requestir	ng Information: WSBA#			
Name:			Phone Number:	
			Date of Request:	
			Time of Request:	
CLERK'S ACT	□ Above information	verified with identification		
Record/Information	on Requested: If this information co	oncerns a named individual, please prov	ve the necessary identifying information:	
Information you a	re requesting:			
	nts:	nt(s) from file You may not take any file away from tl		
l declare under p	penalty of perjury under the laws	of the State of Washington that the fe	oregoing is true and correct:	
Signatu	ıre:	Date:	Location:	
Your request is sub as set forth in Rule		f the Lewis County District Court Local Rule	9 regarding disclosure of records. Upon approval, the information will be provide	
and the record read	dily available, it <u>may</u> be processed at th days. The department cannot respond	e time it is received. In some circumstances	business day following the day the request is made. If your request is not complicate sthe processing of your request or an official response to your request may take a lunless this form is completed. If you have questions, please ask one of our	
NOTE: The court	can provide existing records only. The	court will not gather, sort and/or create new	v documentation. The Court will not provide records held by other entities.	
Disposition:				
Date	Action Taken		Name of Employee Processing Request	