

**REQUEST FOR COPIES OF COURT FILES OR RECORDS**  
**Pursuant to GR 31 Court Records**

**WHAT DOCUMENTS WOULD YOU LIKE?**

- Complaint/Citation     Judgment/Sentence     No Contact Order     Plea Agreement  
 Pretrial Diversion Agreement

Other (specify) \_\_\_\_\_

**DO YOU NEED CERTIFIED COPIES?     YES     NO**

- **Copy fees \$.50 per page; Certification Fee \$5.00 per document plus \$1 per page starting with the second page; CD's \$10 per CD;** payment may be made by check or cash, or if the fee is over \$5.00 by debit/credit card.
- After fees have been paid, copies may be picked up at the court during regular business hours from 8 am to 12:15 pm and 1:15 pm to 4:30 pm Monday through Friday except holidays.
- If you cannot pick up your documents, please indicate your preferred delivery method:  Mail (postage must be prepaid)  Fax (limit of 20 pages)

**RECORD/DOCUMENT INFORMATION** [To ensure you have the correct person please provide 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: \_\_\_\_\_

**REQUESTOR'S INFORMATION**

Name: \_\_\_\_\_ Agency (if applicable): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City State Zip Code

E-mail Address \_\_\_\_\_

**If documents are not claimed within 30 days, reapplication and prepayment  
will be required including previous fee(s).**

**Signature of requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internal Use Only: Date Requestor Advised:** \_\_\_\_\_ **Amount Due: \$** \_\_\_\_\_