## REQUEST FOR COPIES OR ELECTRONIC TRANSFER OF DOCUMENTS

Case Style and Cause No		
Date of Request - business days to process. In the event I ne emergency and request this process be exp by the Clerk's Office. I have obtained the	edited for completion within 1 busine	ess day from the date received
Attorney making request for docume	ents -	
	(printed name and phone numb	per)
Designate format (check format request	ed) -	
Hard copy (always \$1.00 per (email) email address		
(USB flash drive) Attorney must f	urnish blank electronic format on date of requ	lest or the request will not be
<b>Designate Documents Requested (</b> e.g documents which have been imaged by the List by title of document/pleading and file	Clerk's Office will be available for e	electronic transfer/copying.
Type of Case (circle one) - FAMILY	CIVIL CRIMINAL CPS OTHE	R:
Originating Court (circle) - 23 <sup>rd</sup> 149 <sup>th</sup> 239 <sup>th</sup> 300 <sup>th</sup> 412 <sup>th</sup>	CCL#1 CCL#2 CCL#3 CCL#4	1
Fees (if not appointed): \$1.00 per pa and/or CD. Additional \$15.00 if CD	· ·	email, USB flash drive
	(signature of	attorney making request)
I, the undersigned attorney, hereby certify to individual who has been determined by the cread the above Request and certify I unders information is true and correct. Further, I can these records will not be distributed to anyone.	court to be "indigent" as of the date of tand the time required for this request ertify these records will be used solely ne except to the extent same may be ad	this request and, that I have to be processed and that all to represent my client and, that mitted as evidence in the case.
(signature of attorney making request)	Verification by Originating Court that request is an emergency and request should be expedited -	
(signature of clerk receiving request)		
(date request received for processing)	Judge Presiding	Date