

## **COURT RECORDS REQUEST**

Date of Request		_
Address: City, State Zip Email Address:	Fax Number	- - -
Notes	Fax Number	
I prefer to receive these record Paper Copies Email Copies	<b>Is in the following format:</b> (\$0.50 per page)	
Certified Copies (\$5 first pg \$1 subsequent pg / per doc) There is a Research/Processing Fee of \$20 (per ARL6) for all requests.		
Document Requested	Case Number	Defendant Full Name
I am requesting the complete file		
Email copies to (if different from above)		
Hold Copies for pick-up		
Return Copies by Mail:		
Place copies in Law Firm fi	le (for pick-up)	
An invoice will be included with requested copies, payable on receipt.		

Please submit completed Court Records Request Forms via email, fax, in person or mail at the address below:

Clark County District Court P.O. BOX 9806 1200 Franklin Street Vancouver, WA 98666-8806

Telephone: (360) 397-2424 Fax: (360) 397-6044 Email: distct@clark.wa.gov