

Civil Case Record Request Form



Date:

Kentucky Dept. for Libraries and Archives
P.O. Box 537, 300 Coffee Tree Road
Frankfort, KY
40602

Phone: 502.564.8300
Fax: 502.564.5773
<http://kdla.ky.gov>

Your Contact Information

Name:

Address:

City:

State/Province:

Zip/Postal Code:

Daytime
Phone Number:

Email Address:

Civil Case Record Requested

Name of Plaintiff:

Name of
Defendant:

County

Date of Case

Type of Record
Requested:

Case Number, if
known:

Order Book
Number, if known:

Submit only one form & one payment at a time.

☐ I have enclosed the required fee to process this request.

Select Fee Type