

REQUEST FOR ACCESS TO COURT FILES OR RECORDS

What Documents would you like? Copy fees are \$.50 per page; payment may be made by cash/check/debit/credit

Do you need CERTIFIED copies? [] Yes [] No. \$5.00 for the first page and \$1.00 each additional page per document.

[] Complaint/Citation/Information [] Judgement/Sentence Form [] No Contact Order [] Plea Agreement [] Stipulated Order of Continuance [] Electronic Docket

[] Other (Specify) _____

After fees have been paid, copies may be picked up at the court during regular business hours from 8:30 a.m. to 4:30 p.m. If you cannot pick up your documents, please indicate your preferred delivery method [] Mail [] Fax [] Email

RECORD/DOCUMENT INFORMATION *Must have the following combinations 1) Name and date of birth of the defendant 2) Court Case number or any other helpful information like type of charge and date of violation.

Name: _____

Date of Birth: _____

Case Number(s)(or) Type of Charge (or) Date of violation: _____

REQUESTER'S INFORMATION

Name: _____ Agency (if applicable): _____

Telephone #: _____ Fax #: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Email Address: _____

*****IF DOCUMENTS ARE NOT CLAIMED WITHIN 30 DAYS, REAPPLICATION AND REPAYMENT WILL BE REQUIRED INCLUDING PREVIOUS FEES.***

Signature of Requester: _____ Date: _____

INTERNAL USE ONLY: Date Requester Notified: _____ Amount Due: \$ _____

**Shelton Municipal Court
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Shelton, WA 98584
(360)426-9772 Option 1
Fax (360)426-3301
court@sheltonwa.gov**