

**WAPATO MUNICIPAL COURT
ADMINISTRATIVE RECORDS REQUEST FORM**

Records request will be reviewed and a response will be
available within five (5) working days

WHAT DOCUMENTS WOULD YOU LIKE? *Copy fees are \$.15 per page;* DO YOU NEED CERTIFIED COPIES?
 YES (\$5.00 per case number) NO

Complaint/Citation/Information Judgment/Sentence Form No Contact Order Plea Agreement

Stipulated Order for Continuance Order of Dismissal Certificate of file no longer in existence

Criminal History Certified copy of Driving Abstract (\$20) Other (specify) _____

After fees have been paid, copies may be picked up at the court office during regular business hours from 9 a.m. to 4:00 p.m.

If you cannot pick up your documents, please indicate your preferred delivery method : Mail Fax E-mail

Fax No. _____

******PLEASE PRINT ALL INFORMATION******

RECORD/DOCUMENT INFORMATION *Must have 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: _____

E-mail Address _____

**If documents are not claimed within 15 days, reapplication and prepayment
will be required including previous fee(s).**

Signature of requestor: _____ Date: _____

Below is for Office Use only:

Public Records Officer: _____ **Amount Due \$** _____

Name: _____ **Court Office (509) 877-6269**

E-mail Address: nona.jacobscook@mail.courts.wa.gov

Date Request Received: ___/___/___ **at** ___:___ **AM/PM** _____

initials