

RECORD REQUEST FORM

Complete the following information to obtain copies of the requested records. Please allow up to 5 business days for processing of your request (mail time additional).

DATE: _____

REQUESTOR INFO

Name of Requestor or Agency _____

Requestor's mailing address _____

City _____ State _____ Zip Code _____

E-mail address (username@domain.com) _____

Daytime telephone number (including area code) _____

FAX number (including area code) _____

The results of this research request can be sent by Postal mail or in some cases sent by Fax (faxed to requestor only, if certification is not necessary). Which do you prefer?

MAIL _____ FAX _____

BILLING INFO

You may be billed for costs of copies, searches, certifications, faxing and mailing if applicable. Please provide us with the following information to cover these fees.

Credit card type: MC _____ Visa _____ Discover _____ Expiration date (mm/yy): _____

Credit card number: _____ - _____ - _____ - _____ *

*If you are using a Visa credit card you **MUST** include the 3-digit code found on the back of the card, otherwise we cannot process your payment.

REQUEST FOR RECORDS

For copies from a file or specific case information please state the documents that you are requesting. (Fees are \$6.25 search, \$.75 copy, \$20.00 certification, complete listing of fees on websites at www.elpasocountycourts.com or www.courts.state.co.us)

Case Number _____ Name of parties _____

Decree _____ Separation Agreement _____ Support Order _____ Disposition _____

Register of Actions _____ Charges _____ Sentencing _____

Other (specify) 1) court register of action, 2) all documents or records contained in the court file - entire file, 3) minute orders (if any) contained in court computer file

Which if any of these documents need to be certified? _____

SEARCH INFO

If requesting a search please provide us with the following information:

Name(s) to be searched (first, middle, last): _____

Date of birth (mm/dd/yyyy): _____

Additional information (AKA's, approximate year to search, type of case, etc.):

Case number(s): _____

Type of Search requested:

District Court _____ County Court _____ Both _____

(Search fee is \$6.25 per name/case number, \$6.25 per/15 minutes for extensive search or redaction)