

PUBLIC INFORMATION REQUEST FORM
PRINT CLEARLY

Case/Docket Number: _____ Date: _____

Person Requesting Information:

Name: _____

Address: _____

City, Zip: _____

Phone Number: _____

Email Address (if any): _____

Record requested by:

__Plaintiff __Defendant __Other: _____

Please state the information you are requesting:

(Please be as specific as possible.)

** CONTACT OUR COURT WITHIN 10 DAYS FROM TODAY AT 817-238-4425. **

RECEIVED BY: _____

CLERK OF THE COURT

DATE

FOR OFFICE USE ONLY

____ Released document(s) to requestor upon payment for copies.

____ Sent to District Attorney's Office for review.