

12th JUDICIAL DISTRICT COURT

Traffic / Criminal History Request

File Review / Copy Request Form

1. Date of Request: _____

2. Requested by: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (home) _____ (office) _____ Fax: _____

3. Please provide the **complete name & date of birth** of the person in question:

Name: _____

Date of Birth: _____

4. Please specify how you would like the information returned to you: (Check one)

Pick Up Mail Fax

A Defendant History Inquiry will be provided to you upon completion of our search. If you require additional information, please complete the following:

Case Number(s): _____

If copies are requested, please list documents to be copied:

- _____ Complete case file (except non-public Court records)
- _____ Judgment of Sentence _____ Certified Judgment of Sentence
- _____ Order of Probation (a \$10 fee will be charged)
- _____ Discharge from Probation
- _____ Other: _____

PLEASE NOTE: A charge may be incurred with this request. Please check with a Court Clerk to see if a fee applies. Also, information relating to files 6+ years older than the current year will be on microfilm and availability may be limited.

For Court Use Only

Handled by _____ on _____
(Court Clerk) (Date completed)