

17TH DISTRICT COURT
FILE/COPY REQUEST FORM

1. DATE OF REQUEST: _____

2. Requested by: Name: _____

Agency: _____

Address: _____

Phone: _____

3. Please specify the complete party name(s) and/or case number(s):

CASE NUMBER _____

PARTY NAME(S) _____

4. Nature of Request:

_____ Review File

_____ Obtain Copies

5. If copies are requested, list documents to be copied:

_____ Complete case file (except for any non-public court records)

Specific documents: _____
(Please list)

For Court Use Only

Photocopies _____ X \$1.00 per page = _____

Total Charged \$ _____

Date: _____

Handled by: _____

Deputy Court Clerk