

MUNICIPAL COURT

Lakewood • University Place • Steilacoom • DuPont
6000 Main Street SW • Lakewood, WA 98499
Tel (253) 512-2258 • Fax (253) 512-2267
www.cityoflakewood.us

COURT CASE RECORDS REQUEST

Court Case Records are case specific subject to the governing rules under the Administrative Office of the Court (GR 31) and are not governed by the Public Records Act. Visit the above website for additional information. Requests are processed in the order received. Please allow 5 to 10 days for processing. Requests can be made in person, mail, fax or emailing citycourt@cityoflakewood.us.

REQUESTER'S INFORMATION

Name: _____ **Agency:** _____

Address: _____
Street Number City State Zip

Day/Work Phone: (_____) _____ **Fax #:** (_____) _____

Delivery: mail fax email _____ or pick up

IDENTIFIABLE CASE RECORD/DOCUMENT INFORMATION

Must have one of the following case specific combinations: (1) Name and date of birth of a party [defendant]; (2) Name and driver's license number of a party [defendant]; or (3) Case or citation number.

Name of Party: _____ **DOB:** _____
First Initial Last

Driver's License Number: _____ **State:** _____

Case/Citation Number(s): _____

WHAT DOCUMENTS WOULD YOU LIKE?

CERTIFIED COPIES? No Yes \$5 each type

Complaint/Citation

Judgment & Sentence / Stipulated Order of Continuance

Copy of Docket

Plea of Guilt

No Contact Order

Other (specify) _____

COPY FEES: \$0.50/page and \$10/electronic recording

Copy fees are due at time of pick up or if mailed/faxed/emailed within 30 days of being sent.

I understand that processing of my request will not commence until the request form is correctly completed and returned to the court. If the documents have not been claimed or reviewed within 30 days, it will require re-application and repayment of fees. I hereby declare under penalty of perjury, under the laws of the State of Washington, that the requested records shall not be used for commercial purposes in violation of State law.

Signature of Requester

Date

FOR INTERNAL OFFICE USE ONLY

Approved: Yes No Reason: _____

Processed By: _____ **Number of Copies:** _____ **Amount Due:** \$ _____

Date Requestor Notified: _____