

PUBLIC INFORMATION REQUEST FORM
PLEASE PRINT CLEARLY

Date of Request: _____

Case/Docket #(s): _____

Person Requesting Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

Record requested by: ___ Plaintiff ___ Defendant ___ Other: _____

Please state the information that you are requesting (Please be as specific as possible):

CONTACT OUR COURT WITHIN 10 DAYS FROM TODAY AT 817-548-3925

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.