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 817-473-5101. ****

RECEIVED BY: _____ _____
CLERK OF THE COURT DATE

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