

WAPATO MUNICIPAL COURT
ADMINISTRATIVE RECORDS REQUEST FORM

Records request will be reviewed and a response will be
available within five (5) working days

WHAT DOCUMENTS WOULD YOU LIKE? *Copy fees are \$.15 per page;* Do YOU NEED CERTIFIED COPIES?

YES (\$5.00 per case number) NO

Complaint/Citation/Information Judgment/Sentence Form No Contact Order Plea Agreement

Stipulated Order for Continuance Order of Dismissal Certificate of file no longer in existence

Criminal History Certified copy of Driving Abstract (\$20) Other (specify) _____

After fees have been paid, copies may be picked up at the court office during regular business hours from 9 a.m. to 4:00 p.m.

If you cannot pick up your documents, please indicate your preferred delivery method: Mail Fax E-mail

Fax No., _____

*****PLEASE PRINT ALL INFORMATION*****

RECORD/DOCUMENT INFORMATION *Must have one of the following combinations: 1) Name and date of birth of a party (the defendant in a criminal matter); 2) Name and Washington driver's license number of a party (the defendant in a criminal matter); 3) Case number. Other helpful information is the type of charge and date of violation.

Name: _____

Date of birth: ___ / ___ / ___ Defendant's Driver's License Number/ State: _____

Case Number(s) (or) Type of Charge (or) Date of violation: _____

REQUESTOR'S INFORMATION

Name: _____ Agency (if applicable): _____

Telephone#: _____ Fax#: _____

Mailing Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

E-mail Address _____

**If documents are not claimed within 15 days, reapplication and prepayment
will be required including previous fee(s).**

Signature of requestor: _____ **Date:** _____

Below is for Office Use only:

Public Records Officer: _____ Amount Due \$ _____

Name: _____ Court Office (509) 877-6269

E-mail Address: kevin.collins@mail.courts.wa.gov

Date Request Received: ___ / ___ / ___ at ___ :___ AM/PM _____

initials