

**NORTH OGDEN JUSTICE COURT REQUEST FOR RECORDS**

REQUESTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**SPECIFIC DESCRIPTION OF REQUESTED RECORDS(S):**

\_\_\_\_\_ Certified Court Docket (printed case with court seal and certified signature)

If known, case #: \_\_\_\_\_

Approximate date(s) of record(s): \_\_\_\_\_

Name on record \_\_\_\_\_

Date of birth \_\_\_\_\_

\_\_\_\_\_ *I would like to receive copies of the record(s) and I understand there is a fee\* for copies of records and that copies will be provided subject to fees being paid.*

**\* Charge per court docket is \$5.00**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY – RESPONSE TO REQUEST**

\_\_\_\_\_ Approved – Requestor notified on \_\_\_\_\_

\_\_\_\_\_ Record Fee Received

Person releasing court record(s): \_\_\_\_\_

Date of Release: \_\_\_\_\_

Release Method: \_\_\_\_\_ in person \_\_\_\_\_ email \_\_\_\_\_ mail \_\_\_\_\_ fax

Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Date Requestor informed: \_\_\_\_\_