COWLITZ COUNTY DISTRICT COURT
REQUEST FOR ACCESS TO COURT FILES OR RECORDS

Fax: 360-577-3132 Email: dctcourt@cowlitzwa.gov

THE COURT CANNOT PROVIDE A COMPLETE CRIMINAL HISTORY OR RECORDS CHECK
TO PERFORM A STATEWIDE SEARCH FOR CASES, PLEASE REFER TO WWW.COURTS.WA.GOV
TO PERFORM A CRIMINAL HISTORY SEARCH, PLEASE REFER TO WWW.WATCH.WSP.WA.GOV

INFORMATION REQUESTED ON:

Subject's full name: _____
LAST FIRST MIDDLE
Date of Birth ___/___/____ or Approximate Age _____

INFORMATION REQUESTED:
CASE TYPE: criminal [ ] civil [ ] infraction []
Case #(s) (or) Type of Charge (or) Date of Violation :_____

PLEASE CIRCLE THE DOCUMENT TYPES REQUESTED:

Complaint/Citation/Charging Information Judgment/Disposition No Contact Order

Guilty Plea form AH Petition/Order Electronic Docket Other _____

I PREFER TO RECEIVE THESE RECORDS IN THE FOLLOWING FORMAT:

[ ] PRINTOUTS OF ELECTRONIC RECORDS – 25 cents per page unless certified
[ ] COPIES FROM PHYSICAL COURT FILES (not available in most cases that have been closed for more than three years) – 50 cents per page unless certified
[ ] CERTIFIED COPIES NEEDED – certified copies are $5 for the 1st page of the document and $1 for each additional page.
[ ] EMAILED (non-certified documents can be emailed at no charge).
[ ] MAILED

INFORMATION REQUESTED BY:

Your Name:_____ Agency _____
Mailing Address: _____ City _____ State and Zip _____
Phone Number: _____ Email Address _____ Fax _____

After fees are paid, copies can be picked up at the court between 8:30am and 4:30 pm (unless emailed copies requested above).

I agree that the information provided will not be used for any commercial purpose by myself or by any organization I represent. I will protect the information from access by anyone who may use it for commercial purposes.

_____ _____
Requestor Signature Date

Internal Use Only: Date Completed:_____ Amount Due:_____