**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 5pm (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

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

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