THE STATE OF

COURT RECORDS REQUEST

Date of Request		
Name of Requestor Address: City, State Zip Email Address: Phone Number Notes	Fax Number	
I prefer to receive these records i	n the following format:	
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There is a Research/Proce	essing Fee of \$20 (per ARL6)) for all requests.
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I am requesting the complete f	ile	
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An invoice will be included with	requested copies, payable o	n receipt.

Please complete the Court Records Request Form, print and send via email, fax, in person or mail at the address below:

Clark County District Court P.O. BOX 9806 1200 Franklin Street Vancouver, WA 98666-8806

Telephone: (360) 397-2424 Fax: (360) 397-6044 Email: District.CourtRecords@clark.wa.gov