



Date of Request: _____

All fields with an "*" must be completed. Incomplete forms will be returned.

*Name of requestor:	
*Address:	
*City State Zip:	
*Email Address:	*Phone Number:

\$30 Search Fee may apply to requests with no case number ***Check here if requesting all documents from case

*Case Number	*Documents Requested	*Sub # (If Known)

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- *Prices:
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- Send to different email address _____
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OR

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