

RETURN TO: Fife Municipal Court
3737 Pacific Highway E., STE 100
Fife, WA 98424

(253)922-6635 phone
(253)-926-5435 fax

REQUEST FOR ACCESS TO COURT FILES OR RECORDS

WHAT DOCUMENTS WOULD YOU LIKE? Copy fees are \$.50 per page or \$.25 per page in electronic format.
Payment by cash, check, money order and credit cards accepted. A convenience fee will be added to credit card payments.

DO YOU NEED CERTIFIED COPIES? (circle one) YES / NO \$5.00 + \$1.00 each additional page (per) document

- Complaint/Citation/Information Judgment/Sentence Form No Contact Order
 Plea Agreement Stipulated Order for Continuance Electronic Docket View Only/No Charge

Other (specify) _____

After fees have been paid, copies may be picked up at the court during regular business hours from 9:30a.m. to 4:30 p.m.

If you cannot pick up your documents, please indicate your preferred delivery method (circle one): Mail / Fax. Actual cost of postage will be charged.

RECORD/DOCUMENT INFORMATION *Must have one of the following combinations: 1) Name and date of birth of a party (the defendant in a criminal matter); 2) Name and Washington driver's license number of a party (the defendant in a criminal matter); 3) Case number. Other helpful information is the type of charge and date of violation. 4) To retrieve accurate photo enforcement violation information, the case number or name of the vehicle registered owner & vehicle plate number is needed.

Name: _____

Date of birth: _____

Defendant's Driver's License Number / State: _____

Case Number(s) (or) Type of Charge (or) Date of violation: _____

Vehicle Registered Owner Name: _____ Vehicle Plate/State: _____/_____

REQUESTOR'S INFORMATION

Name: _____ Agency (if applicable): _____

Telephone #: _____ Fax #: _____

Mailing Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

E-mail Address _____

For documents not claimed within 30 days, reapplication and prepayment will be required including previous fee(s).

Signature of requestor: _____ **Date:** _____

Internal Use Only: Date Requestor Advised: _____ **Amount Due: \$** _____

Copies Provided: Pick Up Mailed Faxed Date _____ **Clerk** _____