REQUEST FOR ACCESS TO COURT FILES OR RECORDS

This form must be completed by any person requesting access to Fife Municipal Court files or records.

1. **ON WHOM IS THE INFORMATION REQUESTED?** At a minimum you must provide a) a case number, or b) the person's full name and date of birth, or c) the person's full name and Washington Driver's license number.

Case number(s):_____

Subject's full name:_____

Last First
Middle

Subject's birth date:_____/_____/_____Subject's Washington Driver's License #:_____

2. WHAT INFORMATION IS BEING REQUESTED? (PLEASE BE VERY SPECIFIC).

ID OR BAR CARD VERIFIED _____ NO ID AVAILABLE _____

_____ I request to **review** the court file(s) of the cases listed above.

_____ I request **copies** of the following documents from the above case files(s)

(USE REVERSE IF NEEDED)

_____

_____

_____

_____
__

CLERK TO INITIAL NEXT TO INFORMATION GIVEN TO REQUESTOR

3. TO WHOM SHALL THE REPORT BE SENT?

Requester:_____Telephone:_____

Representing:_____

Professional license #:_____

Address:_____

Charge credit/debit card: Type _____#_____3-digit card security # _____

Date of Birth of Cardholder _____ Expires:_____

I AGREE THAT THE INFORMATION PROVIDED WILL NOT BE USED FOR ANY COMMERCIAL PURPOSES BY MYSELF OR THE ORGANIZATION I REPRESENT. I WILL PROTECT THE INFORMATION FROM ACCESS BY ANYONE WHO MAY USE IT FOR COMMERCIAL PURPOSES.I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

DATED:_____

_____
Signature

_____
Signed at (city and state)