

**Office of the Circuit Court Clerk, Jefferson County
Archives & Records Division
Request Form**

Requesting Party

PLEASE PRINT

Date of submission: _____

Requested by: _____

Address (person/agency/division): _____

Email address: _____ Phone Number: _____

Request To View And/Or Obtain Copies Of Court Records

View (check if applicable): _____

Copies (check if applicable): Decree; Disposition; Judgment; Other Court Records

Name of parties: _____ Date of birth: _____

vs.

_____ Date of birth: _____

Approximate timeframe of case: _____

Any additional information: _____

OR

Request To Verify Information Of A Court Record

Name of party: _____ Date of birth: _____

Case number(s): _____

Charge(s): _____

Clerk's Office Use Only

Total page count: _____ ; Certification cost (if applicable): _____ ; Total cost: _____

Payment type: Cash; Credit card; Debit card; Cashier check; Certified check;

Money order

Type of delivery: In person; U.S. Postal Service

Received by: _____ Date: _____

(if different than requesting party)

Request completed by (OCCC deputy clerk): _____ Date: _____