

# GARFIELD COUNTY DISTRICT COURT

## Records Request

Please submit completed Records Request via;

**Email:** [districtcourt@garfieldcountywa.gov](mailto:districtcourt@garfieldcountywa.gov)

**FAX:** (509) 843-3815

**Mail:** PO Box 817, Pomeroy, WA, 99347

The following information is necessary for the court to process your request;

### INFORMATION REQUESTED ON:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alias Name(s): \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Case Numbers(s): \_\_\_\_\_ Date of Violation: \_\_\_\_\_

### INFORMATION REQUIRED: (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Citation/Complaint/Infraction | <input type="checkbox"/> Order Terminating Probation | <input type="checkbox"/> Civil Summons/Complaint |
| <input type="checkbox"/> Guilty Plea Statement         | <input type="checkbox"/> Audio Recording             | <input type="checkbox"/> Civil Judgment          |
| <input type="checkbox"/> Judgment & Sentence           | <input type="checkbox"/> Recording Log               | <input type="checkbox"/> Pleadings               |
| <input type="checkbox"/> Order on Deferred Prosecution | <input type="checkbox"/> Small Claim Notice/Judgment | <input type="checkbox"/> Verdict Form            |
| <input type="checkbox"/> Order of Dismissal            | <input type="checkbox"/> Other _____                 |  |

### REQUESTED BY:

Name/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like the records delivered through;

Email: \_\_\_\_\_  FAX: \_\_\_\_\_

USPS Mail: \_\_\_\_\_

I understand that the court records provided by Garfield County District Court and released to my custody will not be released to any unauthorized persons pursuant to RCW 42.56, the public Disclosure Act and RCW 10.97, the Washington Criminal Records Privacy Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Information released by:  Email  FAX  USPS Mail  At Counter  No Court Records Found

Court Staff Signature: \_\_\_\_\_ Date Provided: \_\_\_\_\_