

# JEROME MUNICIPAL COURT - REQUEST FOR COURT RECORDS

600 CLARK ST 3<sup>RD</sup> FLOOR / PO BOX 335, JEROME, AZ 86331

Phone (928) 649-3250 Fax (928)634-5462

[JEROMEMUNI@COURTS.AZ.GOV](mailto:JEROMEMUNI@COURTS.AZ.GOV)

STAMP

COURT RECORDS ARE MAINTAINED PURSUANT TO RULE 29, RULES OF THE SUPREME COURT, AND THE SUPREME COURT RECORDS RETENTION AND DISPOSITION SCHEDULE

**A research request fee of seventeen dollars (\$17.00) will be charged for each name search up to three (3) names or three (3) cases. A separate request form is required for each name and additional fees will be assessed for copies and certification of case information. The request may take 7-10 business days to be processed.**

*I hereby declare the public record requested will be used solely for non-commercial purposes.*

[ ] *Please check if you are a government agency (no fees are applicable)*

\_\_\_\_\_  
Name of Requestor (Please Print)

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Contact Phone #

## I REQUEST INFORMATION FOR THE FOLLOWING INDIVIDUAL/CASE

\_\_\_\_\_  
Print First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Print Last Name

\_\_\_\_\_  
Date of Birth

**I DO NOT KNOW THE CASE NUMBER. I UNDERSTAND I WILL BE CHARGED FOR EACH NAME SEARCH (UP TO (3) CASES)**

\_\_\_\_\_  
Case File Number

\_\_\_\_\_  
Citation/ Complaint Number

\_\_\_\_\_  
Type of Charge

I AM REQUESTING:

\_\_\_\_\_ Copies only  
\$ .50 per page

\_\_\_\_\_ Certification  
\$17.00 per case

\_\_\_\_\_ Audio CD  
\$17.00 per CD

## I REQUEST COPIES OF THE FOLLOWING DOCUMENT(S):

Complaint/Citation \_\_\_\_\_ Warrant(s) \_\_\_\_\_ Sentencing/ Disposition Information \_\_\_\_\_

Plea Agreement/Proceedings \_\_\_\_\_ Motor Vehicle Abstract \_\_\_\_\_

Other: Please be Specific \_\_\_\_\_

## SELECT ONE OF THE FOLLOWING:

\_\_\_\_\_ Please call me when records are ready for pick up. Day time Phone # \_\_\_\_\_

\_\_\_\_\_ Please fax the records to: Fax # \_\_\_\_\_

\_\_\_\_\_ Please mail records to the following address: \_\_\_\_\_

## FOR OFFICIAL USE ONLY

Research Request Fee \$17.00 \$ \_\_\_\_\_  
Copies @ \$.50 per page (# of copies \_\_\_\_\_) \$ \_\_\_\_\_  
Certification @ \$17.00 per case (# \_\_\_\_\_) \$ \_\_\_\_\_  
CD @ \$17.00 per CD \$ \_\_\_\_\_

**TOTAL AMOUNT DUE:** \_\_\_\_\_

Notified Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Records Received: \_\_\_\_\_ Date: \_\_\_\_\_