



RECORDS SEARCH/REVIEW REQUEST FORM

KAW NATION DISTRICT COURT

Request Date	Preferred Delivery
Records Needed By Date	<input type="checkbox"/> Pick Up <input type="checkbox"/> US Mail <input type="checkbox"/> On Site Inspection <input type="checkbox"/> Fax <input type="checkbox"/> Email

Copy Fees \$0.25 Per Page Special Copy Requests: <input type="checkbox"/> Certified Copy \$1.00 <input type="checkbox"/> Assembly of Record (Over 20 Pages) \$1.50 Per Page <input type="checkbox"/> Audio Reproduction \$50.00	Are you a named party or attorney in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Requestor Information

Last Name	First Name	Middle Initial
Address		Daytime Telephone Number
City	State	Zip Code
		Fax/Email (Optional)

Agency Requestor Information

Agency Name	Representatives Name	Title
Address		Telephone Number
City	State	Zip Code
		Fax/Email (Optional)

Case Identifiers

Case Name	Case Number/Citation Number/Ticket Number
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Records Requested

Please describe records requested as completely as possible. The title of the document and file date are helpful. Attach additional pages if necessary.

Reason for Request If Not a Party in the Case

State your reason for requesting to view/copies of the documents. Attach additional pages if necessary.

For Judiciary Use Only

Disposition <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Found	Date of Decision	Judge
Record Search Returned <input type="checkbox"/> Records Found <input type="checkbox"/> No Records Found	Court Clerk Signature	