

COPY REQUESTS

Requestors Information:

First Name: _____ Last Name: _____

Firm Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ Email: _____

Date of Birth (for criminal cases): _____

Case Number: _____

Document requested: _____

Additional information:

Email non-certified copies to: _____

Certified Copies requested: _____ Yes _____ No

Certified copies can ONLY be mailed.

If self-addressed stamped envelope is not provided to Circuit Clerk, there is an additional charge of \$6.00.

Mail copies to above address: _____ Yes _____ No

If no, mail to following address:
