



KING COUNTY DISTRICT COURT REQUEST FOR COURT RECORD

Requestor's Information

Name: _____
Agency/Company: _____
Address: _____
State, City, Zip Code: _____
Phone: _____
Email: _____

Case Number:

Full names of Parties.

Plaintiff: _____
Defendant: _____

Fees

Certified Copies	\$5.00 to certify the first page of the document. \$1.00 per each additional page.
Regular Copies	\$0.25 per page if it is an electronic document. \$0.50 per page if it is not an electronic document.
Copy of Hearing	\$10 per CD or Thumb Drive

Recording of Hearing

Date	Time	Courtroom	Certified Copies?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Request for Document(s)

Name of Document:	Certified Copies?
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Add an additional sheet for more documents.

Dated: _____

Requester's Signature

You may submit your request in person via fax, or email. kcdc.webmaster@kingcounty.gov.
For additional information contact: 206-205-9200.

Internal Use Only:

Amount Due: \$_____ Payment Received: Yes No Clerk initials _____