| Division (Check One) | File In Stamp – Office Space Only |
|----------------------------------|-----------------------------------|
| | |
| District Criminal/Traffic | |
| Small Claims/District Civil | |
| Juvenile | |
| Circuit Civil | |
| Circuit Criminal | |
| Domestic Relations/Child Support | |
| - | |

REQUEST FOR COPIES

(Confidential Documents May Only Be Requested by Actual Party and ID Required)

| CONTACT INFORMATION: | | |
|---|--|---|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Contact Phone Numbers: | | |
| Email: | | |
| Delivery Method: Mail | | |
| DOCUMENTS REQUESTED: | | |
| Case Name: | | |
| Case No. (If known): | | |
| Identifying info such as DOB, Alias: | | |
| | | |
| Is Certification required? Yes | | |
| Requests for copies will be handled in the or deliver to appropriate office or mail to: Eto | der they are received as office where was controlled the estimated costs. Once we request. Each Additional Page = \$.50 per | ork permits. Please complete the above information and the 801 Forrest Ave., Suite 202 Gadsden, AL 35901. Once receive payment of the estimated costs (money order or the page) |
| Cost of Estimated Copies <u>\$</u> | + Postage <u>\$</u> | + Certification Fee \$ |
| | TOTAL ESTIMATE YO | OU MUST PAY = \$ |
| OFFICE SPACE ONLY: | | |

_____ Receipt No. ___

_____ Date Processed:

Estimate Paid YES NO Date Receipted _