

REQUEST FOR ACCESS TO GIG HARBOR MUNICIPAL COURT RECORDS & FILES

3510 Grandview Street, Gig Harbor WA 98335 Phone: (253) 851-7808 Fax: (253) 853-5483

WHAT DOCUMENTS WOULD YOU LIKE? Copy fees are 50 cents per page

DO YOU NEED CERTIFIED COPIES? YES / NO (circle one) \$5.00 first page/\$1.00 each addtl page

Complaint/Citation † Judgment/Sentence No Contact Order † Plea Agreement

† Pretrial Diversion Agreement † Electronic Docket Other (specify) _____

Your request will be processed within 5 days. Court Staff will notify you of expected completion date. After fees have been paid, copies may be picked up at the court during regular business hours from 8:00 a.m. to 5:00 p.m. If you cannot pick up your documents, please indicate your preferred delivery method (**circle one**): **Mail / Fax**

RECORD/DOCUMENT INFORMATION Must have one of the following combinations: 1) Name and date of birth of a party (the defendant in a criminal matter); 2) Name and Washington driver's license number of a party (the defendant in a criminal matter); 3) Case number. Other helpful information is the type of charge and date of violation.

Name: _____ Date of birth: _____

Defendant's Driver's License Number / State: _____

Case Number(s) (or) Type of Charge (or) Date of violation: _____

REQUESTOR INFORMATION

Name: _____ Agency: _____

Mailing Address: _____

Phone: _____ Fax: _____

If documents are not claimed within 30 days reapplication and prepayment will be required including previous fees.

ACTION TO BE TAKEN WITHIN 5 DAYS (For Office Use Only)

1. Request received by: _____ Date Received: _____

2. Date Requestor Notified of Action to be taken: _____

3. Action taken (check one):

Request Granted Need for Additional Time, Explain Why _____

Estimated Response Time to fill request (if not given at time of request) _____

Request Forwarded to attorney for review: Yes / No Date Forwarded: _____

Request Denied Record withheld in part per RCW 42.56 which authorizes denial or withholding.

Signature of requestor: _____ **Date:** _____

Internal Use Only: Date Requestor Advised: _____ **Amount Due: \$** _____