



## KING COUNTY DISTRICT COURT REQUEST FOR COURT RECORD

### **Requestor's Information**

Name: _____
Agency/Company: _____
Address: _____
City, State, 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](mailto:kcdc.webmaster@kingcounty.gov).  
For additional information contact: 206-205-9200.

### **Internal Use Only:**

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