

**PASCO MUNICIPAL COURT**  
**1016 N 4<sup>TH</sup> AVENUE, BUILDING D**  
**PASCO, WA 99301**  
**Phone: (509) 545-3491**  
**Fax: (509) 545-3494**

## Request for Case Records

This form must be completed in full and all costs must be paid before records will be released.  
Police Reports are NOT available through the Court.

### INFORMATION REQUESTED ON:

Name: \_\_\_\_\_  
Alias Name(s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Charge(s): \_\_\_\_\_  
Case Number(s): \_\_\_\_\_  
Violation or Hearing Date(s): \_\_\_\_\_

### RECORDS REQUESTED:

Record Check: \$10.00 per person  
 Specific Documents: \_\_\_\_\_

Copy Fees: \$0.50 per page (11+ pages)                      Certified Copies: \$3.00 per document  
Audio Recording: \$10.00 per CD

### INFORMATION REQUESTED BY:

Name of Requestor: \_\_\_\_\_ Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
ID (type, #) \_\_\_\_\_ *\*\*Please provide picture ID with request.*

### Please select one of the following methods for return of public records:

In Person     Mail  
 Fax     Email \_\_\_\_\_

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

By signing, I affirm this request is not for commercial purposes pursuant to RCW 42.56.070(9) & RCW10.97. I understand that the criminal history information provided by Pasco Municipal Court and released to my custody will not be released to an unauthorized person(s), pursuant to RCW 10.97, Washington State Criminal Records Privacy Act. Court staff shall not make any representation as to the accuracy and completeness of the data except for court purposes. The liability for misuse of the information released is the sole responsibility of the requestor, and neither the court nor court staff is liable for any misuse of the information released.