

Darke County Municipal Court

Record Request Form

Case No.: _____

Name: _____

(Address)

(City, State, Zip)

Phone No.: _____ SSN: _____ DOB: _____

Date of Offense: _____

Charge(s): _____

1. What specific documents are you requesting? _____

2. Do these documents need to be certified or not certified?
_____ Certified (\$5.00/per copy) OR _____ Not Certified (\$0.25/per copy)

3. Do you want to pick up documents or have them mailed? **Please note: If mailed include stamped self-addressed envelope with this request.**
_____ Pick Up OR _____ Mail

Form must be completed in its entirety to be accepted by the Court

FOR COURT USE ONLY:

