

## MUNICIPAL COURT

Lakewood • University Place • Steilacoom • DuPont  
6000 Main Street SW • Lakewood, WA 98499  
Tel (253) 512-2258 • Fax (253) 512-2267  
[www.cityoflakewood.us](http://www.cityoflakewood.us)

### COURT CASE RECORDS REQUEST

*Court Case Records are case specific subject to the governing rules under the Administrative Office of the Court (GR 31) and are not governed by the Public Records Act. Visit the above website for additional information. Requests are processed in the order received. Please allow 5 to 10 business days for processing. Requests can be made in person, mail, fax or emailing [citycourt@cityoflakewood.us](mailto:citycourt@cityoflakewood.us).*

#### REQUESTER'S INFORMATION

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number City State Zip

Day/Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Delivery: ☐ mail ☐ fax ☐ email \_\_\_\_\_ or ☐ pick up

#### IDENTIFIABLE CASE RECORD/DOCUMENT INFORMATION

*Must have one of the following case specific combinations: (1) Name and date of birth of a party [defendant]; (2) Name and driver's license number of a party [defendant]; or (3) Case or citation number.*

Name of Party: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Initial Last

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Case/Citation Number(s): \_\_\_\_\_

#### WHAT DOCUMENTS WOULD YOU LIKE?

CERTIFIED COPIES? ☐ No ☐ Yes \$5.00 per document

☐ Complaint/Citation ☐ Judgment & Sentence / Stipulated Order of Continuance

☐ Copy of Docket ☐ Plea of Guilt ☐ No Contact Order

☐ Other (specify) \_\_\_\_\_

**COPY FEES:** \$0.50/page and \$20/electronic recording

Copy fees are due at time of pick up or if mailed/faxed/emailed within 30 days of being sent.

*I understand that processing of my request will not commence until the request form is correctly completed and returned to the court. If the documents have not been claimed or reviewed within 30 days, it will require re-application and repayment of fees. I hereby declare under penalty of perjury, under the laws of the State of Washington, that the requested records shall not be used for commercial purposes in violation of State law.*

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

#### FOR INTERNAL OFFICE USE ONLY

Approved: ☐ Yes ☐ No Reason: \_\_\_\_\_

Processed By: \_\_\_\_\_ Number of Copies: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Date Requestor Notified: \_\_\_\_\_