



Federal Way Municipal Court

# Court Records Request Form

**REQUESTOR INFORMATION:**

**Name:** \_\_\_\_\_ **Prefer to be contacted by:**  Phone  Email

**Mailing Address:** \_\_\_\_\_ **City & Zip Code** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**COURT RECORDS/INFORMATION BEING REQUESTED: (please be specific and detailed/attach additional sheets if necessary)**

For Court files, you *must* provide at least: a) a case number: \_\_\_\_\_ OR b) the person's full name: \_\_\_\_\_ and date of birth: \_\_\_\_\_, or C) the person's full name: \_\_\_\_\_ and WDOL# \_\_\_\_\_

2. Items requested (mark all that applies):

- Audio of Proceedings (\$10.00) Date(s) of hearing(s):* \_\_\_\_\_
- Certified Copy of Judgment & Sentence (\$5.00)*
- Certified Copy of Docket (\$5.00)*
- Citation (0.15 page)*
- Other: Please list requested document below (10 pages or less = free of charge)*
  - Non-certified Documents (0.15/page)*
  - Certified Documents (\$5.00 per certified document)*

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date of Request

**Staff must advise the Supervisor, on or before day 5, if records are not able to be produced within five working days.**

**INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY COURT STAFF**

**Day 1:** \_\_\_\_\_ **Day 2:** \_\_\_\_\_ **Day 3:** \_\_\_\_\_ **Day 4:** \_\_\_\_\_ **Day 5:** \_\_\_\_\_

Was 5-Day Letter Sent?  No  Yes – Attach Copy    New Due Date: \_\_\_\_\_

**Notes:** \_\_\_\_\_

This Request Was Satisfied/Date: \_\_\_\_\_

This Request Was Not Satisfied/Reason: \_\_\_\_\_

This Request Was Denied/Reason: \_\_\_\_\_

**Court Representative:** \_\_\_\_\_ **Number of Copies:** \_\_\_\_\_ **Fee:** \$ \_\_\_\_\_ (copy of receipt)