



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# _____

List documents: _____

Signature of Requestor _____

Date of Request _____

INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY COURT STAFF

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

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:\$ _____ (attach copy of receipt)