



## NAPAVINE MUNICIPAL COURT

JOSEPH M. MANO JR., JUDGE  
KATIE CLARK, COURT ADMINISTRATOR

### REQUEST FOR PERSON-SPECIFIC RECORD INFORMATION

Date: \_\_\_\_\_ Case No. (If available): \_\_\_\_\_

**On who is the record information requested? (At a minimum, this must include a full name, and a date of birth or driver's license number.)**

Defendant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Defendant's Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

What information is being requested? (Please be specific): \_\_\_\_\_

\_\_\_\_\_

Would you like these documents certified?  Yes  No

NOTE: If your request is unclear, you may be asked later to clarify what records you are seeking. If you have a question that you are seeking an answer to and are not seeking a specific document, please do not use this form and instead pose your question(s) to the appropriate personnel.

### Requester Information

Requestor's Name: \_\_\_\_\_

Representing: \_\_\_\_\_

Professional License No.: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_



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Upon Locating Documents Please Send Via: \_\_\_\_\_

\*In some circumstances the processing of your request or an official response to your request may take up to five (5) working business days.

Requestor's Signature: \_\_\_\_\_

**Fee: .15 cents per page. Also, an additional fee of \$5 per document will be added for document certification.**

### *FOR OFFICE USE ONLY*

*Date Received:* \_\_\_\_\_ *Response Date:* \_\_\_\_\_

*Action Taken:* \_\_\_\_\_

*Clerk initials:* \_\_\_\_\_

*Receipt #* \_\_\_\_\_ *Amount \$* \_\_\_\_\_