

**PUBLIC INFORMATION REQUEST FORM**  
**PRINT CLEARLY**

Case/Docket Number: \_\_\_\_\_ Date: \_\_\_\_\_

Person Requesting Information:

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

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

City, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address (if any): \_\_\_\_\_

Record requested by:

\_\_Plaintiff \_\_Defendant \_\_Other: \_\_\_\_\_

Please state the information you are requesting:

(Please be as specific as possible.)

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

\*\* CONTACT OUR COURT WITHIN 10 DAYS FROM TODAY AT 817-884-1395. \*\*

RECEIVED BY: \_\_\_\_\_

CLERK OF THE COURT

DATE

\*\*\*\*\*

FOR OFFICE USE ONLY

\_\_\_\_ Released document(s) to requestor upon payment for copies.

\_\_\_\_ Sent to District Attorney's Office for review.