

COURT RECORDS REQUEST

CHELAN COUNTY DISTRICT COURT

350 Orondo Ave. 4th Floor
Wenatchee, WA 98801
(509) 667-6600

***Indicates required information; without it your request cannot be processed.**

Requestor's Information:

*Name: _____ Agency (if applicable) _____

*Telephone #: _____ Fax #: _____

*Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Record/Document Information You are Requesting

*Defendant's Name: _____
Last, First, Middle

*Defendant's Date of Birth: _____ Driver's License Number: _____

*Case Number(s): _____

Documents Requested:

Complaint/Citation/Charges Judgment/Sentence Form Plea Agreement

No Contact Order Stipulated Order for Continuance AH or DV Petition/Order

Docket Other (please be specific _____)

Do you need CERTIFIED copies? Yes No

Please be advised there is a cost of \$5.00 for the first page and \$1.00 for each additional page for certified documents.

Request a copy of a recording of a court proceeding:

*Date of Court Proceeding _____ Time: _____ Case No. _____ Cost is \$20.00 per CD.

Requested by: _____
Signature Printed Name

Internal Use Only: Date Requestor Advised _____ Amount Due \$ _____