

Request for Certified Copies

Full Name:	Social Security Number:
Current Address:	
Alias or Nickname:	Date of Birth:
Race: OCaucasian OAfrican American	n Oother Sex: OMale Female
Driver's License Number:	Issuing State:
Phone Number:	_ Email Address:
Case Number (if available):	Charge:
Documents Needed:	
The following items must be included in to included, the Court will not process your ✓ Completed Application signed by the a ✓ Copy of photo identification ✓ \$10.00 Cashier's check or money order Municipal Court"	the request. If all of the following items are not request. applicant
✓ Self-addressed and Stamped envelope	
Applicant Signature:	Date:



MUNICIPAL COURT

