

MERCER ISLAND MUNICIPAL COURT

9611 SE 36th Street | Mercer Island, WA 98040

Ph. (206) 275-7604 | Fax (206) 275-7980

Request for Court Records

Defendant's Name _____

Citation Number(s) _____

Items requested (mark all that apply):

Copy of Docket

 __ Non-Certified (\$1.00 for each 5 pages)

 __ Certified (\$5.00)

Copy of Judgment & Sentence

 __ Non-Certified (\$1.00 for each 5 pages)

 __ Certified (\$5.00)

Copy of Citation

 __ Non-Certified (\$1.00 for each 5 pages)

 __ Certified (\$5.00)

Audio CD (\$10.00)

 Date(s) of Hearing(s): _____

Other: _____

 __ Non-Certified (\$1.00 for each 5 pages)

 __ Certified (\$5.00)

If your request is for a list of individuals, will the list be used for commercial purposes? Yes No

Your name/agency: _____

Mailing address: _____

Phone number: _____

Signature: _____ Date: _____

For Office Use Only:

Date Received at Court: _____

Fulfilled by: _____

Date Released: _____

Total Fees: _____