

# LAKWOOD MUNICIPAL COURT PUBLIC RECORDS REQUEST

## Requesting Party Information:

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Reason for Request (Juvenile Penal Cases Only) \_\_\_\_\_

## Records Requested:

✓ When filing an appeal District Court will only accept the Court Record in transcript form.

Copies  Certified  
 Transcript  CD

Amount of CD/Transcript Deposit: \$ \_\_\_\_\_

Name of Defendant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Case Number: \_\_\_\_\_ Violation Date: \_\_\_\_\_

Indicate the information you desire and/or list each requested document/transcript/CD. Please be as specific as possible. Allow 3 (three) working days for a search of the records and 3 (three) weeks for copies of CD/transcripts.

I swear or affirm that the above information is true and correct and that I will not use this information for the direct solicitation of business.

\_\_\_\_\_  
Requesting Party (Signature)

\_\_\_\_\_  
Date

## For Information on Juvenile Records:

Name of Juvenile: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Juvenile: \_\_\_\_\_

I swear or affirm that my relationship to the above listed juvenile is true and correct.

\_\_\_\_\_  
Requesting Party (Signature)

\_\_\_\_\_  
Date

## For Copies of Bonds or Warrants:

Bonding Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Surety Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Verification of Identification for Copies of Bonds or Warrants:**

Bail Bonding Agent Identification: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

\_\_\_\_\_  
Clerk

---

**Verification of Identification for Information on Juvenile Records:**

Identification of Requesting Party: \_\_\_\_\_

\_\_\_\_\_  
Clerk

---

**Costs:**

Charges: \$6.00 Research Fee for Archived Files \_\_\_\_\_

Charges: \_\_\_\_\_ copies @ .25¢ per page \_\_\_\_\_

Research: \_\_\_\_\_ hour(s) X \$ \_\_\_\_\_ hour \_\_\_\_\_

CD: \_\_\_\_\_ cd(s) X \$25.00 (Provided by City) \_\_\_\_\_

Transcript: \_\_\_\_\_ \_\_\_\_\_

Total: \_\_\_\_\_

---

**Approved / Denied:**

Request completed / approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Request denied by: \_\_\_\_\_ Date: \_\_\_\_\_

**(Give reason(s) for denial below):**