

Date: _____
Clerk: _____
Fees: _____ (attached receipt)

RESEARCH REQUEST FORM

PLEASE NOTE THAT YOUR REQUEST WILL BE HANDLED IN THE ORDER RECEIVED. YOU WILL BE NOTIFIED BY PHONE ONCE YOUR REQUEST HAS BEEN COMPLETED.

Research fee **\$15.00** (non-refundable), Copies **\$.50** per page, Certification **\$40.00** per case

If the file is located at our offsite storage facility, there will be an additional \$10.00 retrieval fee for each file. Files will be returned to our offsite storage facility after 90 days.

Check or money order should be made payable to: **Superior Court**

Please mail this request along with your check or money order to:

Superior Court – Attn: Criminal Division

P.O.Box 1098, Modesto, CA 95353

*****PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE*****

DEFENDANT INFORMATION:

- Full Name (at the time the incident occurred) : _____
- Any other names (AKA's) used: _____
- Defendant's date of birth: _____ Any other date of births used: _____

CASE INFORMATION:

- What date or month and year did the crime occur? _____
- Was the above named individual arrested? Yes No Don't know/Can't remember
- What was the initial crime that they were charged with? _____
- Were they charged with a Misdemeanor Felony Not sure/Unknown

DOCUMENTS REQUESTED:

- Complaint/Citation Disposition Minute Order Probation Terms
- Other _____

WOULD YOU LIKE THESE DOCUMENTS CERTIFIED? Yes No

REQUESTING PARTY CONTACT INFORMATION:

- Full Name: _____ Phone Number: _____
- Mailing Address: _____
- If interpreter is needed, specify language : _____

*Results cannot be faxed or emailed, they can be picked up or mailed.
If you have any questions, please call 209-530-3100 and select option #4.*