



PASCO MUNICIPAL COURT

1016 N 4 TH AVENUE, BUILDING D PASCO, WA 99301 Phone: (509) 545-3491 Fax: (509) 545-3494

Email completed form to Courtclerk@pasco-wa.gov and Pay via www.Pascotix.com

REQUEST FOR CASE RECORDS

**THIS FORM MUST BE COMPLETED IN FULL, AND ALL COSTS MUST BE PAID BEFORE RECORDS WILL BE RELEASED.
ADDITIONAL FORM AND FEE PER DEFENDANT IF MORE THAN ONE. POLICE REPORTS ARE NOT AVAILABLE THROUGH THE
COURT.**

INFORMATION REQUESTED BY:

Name of Requestor: _____ Agency: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
ID (type, #) _____ ***MUST PROVIDE VALID PICTURE ID WITH REQUEST***

INFORMATION REQUESTED ON:

Name: _____
Alias Name(s): _____
Date of Birth: _____
Charge(s): _____
Case Number(s): _____
Violation or Hearing Date(s): _____

RECORDS REQUESTED:

- ☐ Record Check: \$10.00 per person + Mailing fee if applicable. (Certified or Un-Certified)
☐ \$1.00 Per additional Certified Stamp

☐ Audio Recording: \$10.00 per CD Date of Audio: _____

***REASON FOR REQUEST*:** _____

PLEASE SELECT ONE OF THE FOLLOWING METHODS FOR RETURN OF PUBLIC RECORDS (SELECT **ONLY** ONE):

- ☐ Pick Up ☐ Mail _____
(Mailed records will require a postage fee)
- ☐ Fax _____ ☐ Email _____

TOTAL:

\$ _____

Requestor's Signature and Date

By signing, I affirm this request is not for commercial purposes pursuant to RCW 42.56.070(9) & RCW10.97. I understand that the criminal history information provided by Pasco Municipal Court and released to my custody will not be released to an unauthorized person(s), pursuant to RCW 10.97, Washington State Criminal Records Privacy Act. Court staff shall not make any representation as to the accuracy and completeness of the data except for court purposes. The liability for misuse of the information released is the sole responsibility of the requestor, and neither the court nor court staff is liable for any misuse of the information released.