



## **REQUEST FOR ACCESS TO COURT FILES OR RECORDS**

Please return to: Black Diamond Municipal Court 25510 Lawson Street  
Black Diamond, WA 98010 or by FAX: (360) 851-4491, or by  
email: [court@blackdiamondwa.gov](mailto:court@blackdiamondwa.gov) Questions should be directed to (360) 851-4490

**RECORD/DOCUMENT INFORMATION** \*Must have one of the following combinations: 1) Name and date of birth of a party; 2) Name and Washington driver's license number of the party; 3) Case number. Other helpful information is the type of charge and date of violation.

Defendant's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Defendant's Driver's License Number / State: \_\_\_\_\_

Case Number(s) (or) Type of Charge (or) Date of violation: \_\_\_\_\_

\_\_\_\_\_

**WHAT DOCUMENTS ARE YOU REQUESTING?** COPY FEES (\$0.15 PER PAGE) \*\*additional document retrieval fees may apply.

**DO YOU NEED CERTIFIED COPIES? YES \$ 5.00 per document**

Complaint/Citation/Information    Judgment/Sentence Form    No Contact Order  
Guilty Plea Form    Stipulated Order for Continuance    Court Recording    Court Docket

Other (specify) \_\_\_\_\_

After fees have been paid, copies may be picked up at the court during regular business hours from 8:30 a.m. to 4:30 p.m. Please indicate your preferred delivery method: **Mail**    **Email**    **Fax**

**REQUESTOR'S INFORMATION**

Agency (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Apt#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

**Signature of requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internal Use Only:** Date of Request \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

**Date Provided:** \_\_\_\_\_ **Paid :** \_\_\_\_\_