

**CITY OF BLACK DIAMOND
BLACK DIAMOND MUNICIPAL COURT**

Black Diamond Municipal Court
25510 Lawson Street
Black Diamond, WA 98010
Phone: 360-851-4490
Fax: 360-851-4491
court@blackdiamondwa.gov

Before any information can be released, this form must be completed in full. Upon completion, the information will be prepared and ready for pick up by the requestor within five business days.

.....
DEFENDANT'S NAME: _____

CITATION NUMBER(S): _____ / _____ / _____

COURT HEARING DATE(S) REQUESTED: _____ / _____
.....

LIST INFORMATION REQUIRED:

- ☐ Recording of Proceedings ☐ Copy of Citation (\$0.15/Page)
☐ Copy of Judgment (\$0.15/Page) ☐ Order on Deferred Prosecution (\$0.15/Page)
☐ Court Docket (\$0.15/Page) ☐ Court Pleadings (\$0.15/Page)
☐ Other (\$0.15/Page): _____
☐ Certified *An additional \$5.00 will be added for certified copies of any documents.*

USE OF RECORD: (Reason for request) _____

TO WHOM WILL THE INFORMATION BE PROVIDED: _____

METHOD OF DELIVERY:

- ☐ Pick Up at Courthouse ☐ Mail to Below Address (Postage fee will be added to cost)

REQUESTED BY:

Name of Requestor: _____

Address and/or Title (If applicable): _____

Phone Number: _____

Signature of Person Making Request

FOR OFFICE USE ONLY

- ☐ Phone ☐ In Person ☐ Correspondence

Total Fees: _____ Date Paid: ____/____/____

(Clerk Signature Releasing Information)

_____/_____/_____
(Date Information Completed)