

**IN THE COURT OF THE GILA RIVER INDIAN COMMUNITY
STATE OF ARIZONA**

Sacaton Court: 721 W. Seed Farm Road, P.O. Box 368, Sacaton, Arizona 85147
520-562-9860 (P), 520-562-9867 (F)

Westend Judicial Center: 4751 W. Pecos Road, Laveen, Arizona 85339
520-562-9862 (P), 520-562-9869 (F)

This box for Court use ONLY

REQUEST FOR COURT RECORD

CASE INFORMATION:

<input type="checkbox"/> Civil	<input type="checkbox"/> Criminal	<input type="checkbox"/> Traffic	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Appeal
<input type="checkbox"/> Criminal Background Check: Name of Individual: _____				DOB: _____
<input type="checkbox"/> Child Support Ledger		<input type="checkbox"/> Spousal Maintenance Ledger		

Case No.: _____

Parties: _____ vs. _____
Plaintiff/Petitioner Defendant/Respondent

Type of Record You Are Requesting (Be specific): _____

For Audio Records – Hearing Type: _____ Hearing Date: _____

CONTACT INFORMATION:

Name: _____		
Agency/Company/Department: _____		
Address: _____		
Telephone: _____	Fax: _____	Email: _____

ORDER INFORMATION:

<input type="checkbox"/> I will pick up records, please call when ready				<input type="checkbox"/> Mail Records	<input type="checkbox"/> Fax Records
<input type="checkbox"/> View Records Only Date/Time: _____	<input type="checkbox"/> Copies # of Copies ____	<input type="checkbox"/> Certified Copies # of Copies ____	<input type="checkbox"/> Audio CD # of Copies ____ You must provide CD		

SIGNATURE: I certify that the above information is correct. I declare that any records I receive will not be used for a commercial purpose. I understand that copying and/or postage fees may be associated with my request.

Signature

Date

Request is: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Judge/Clerk Signature: _____	Date: _____
Comments: _____		
Picked up by: _____	Date: _____	Cost: _____