



Juli Luke
County Clerk

Denton County Courts Building
Criminal Department
PHONE: (940) 349-2014
FAX: (940) 349-2015

REQUEST FORM INFORMATION SHEET

- Select and thoroughly fill out appropriate form based on request and payment type.

- Please use a separate form for each individual a background search is being requested for.

- When requesting a background search, we ask that you provide **3** identifiers such as Name, Date of Birth, SSN #, State DL, or State ID.

- Background searches will be mailed back to the address provided. **This search will only be for Criminal Misdemeanor cases filed in Denton County.**

- When the request is received, our office has a **10** day turnaround time to process the request.

County Clerk "Background Search Request" Cover Sheet

Page _____ of _____
(Please use a separate form for each defendant)

Date: _____

To: Denton County Clerk, Juli Luke

Department: Criminal Clerk Fax #: 940/349-2015

From Name: _____ Firm: _____

Fax #: () _____ - _____ (to receive your copies) Phone #: () _____ - _____ **(Required)**

Business Check:

Business Name: _____

Mailing Address: _____ City _____ State _____ ZIP _____

Business Phone #: () _____ - _____ Phone #: () _____ - _____

Drivers License # _____ Issuing State _____ Date of Birth ____/____/____

Routing #. _____ Account # _____ Check # _____

Email Address _____

****Providing an email address will allow your receipt to be emailed to you. ****

Authorized Signature: _____

This form authorizes the Merchant (LexisNexis Payment Solutions) to charge my account, for services rendered by the County Clerk's Office, plus a \$2.50 service fee. Also, authorizing the Merchant to convert their check to an Electronic Funds Transfer or Paper Draft, and to debit their account for the total transaction amount event that the draft or EFT is returned unpaid, the Customer agrees that a fee of \$30.00 or as allowable by law may be charged to their account via draft or EFT.

Once this request is completed, it cannot be cancelled because the funds are guaranteed. If the customer has any questions regarding this authorization, they may contact Customer Service at 866-255-1857 www.dentoncounty.com/ccl

Please provide the following identifiers (minimum of 3):

After we receive the request, our office has a 10-day turnaround.

Name: _____

Date of Birth: _____

SSN#: _____

DL#: _____

ID#: _____

- Background Search: \$5.00 for initial search plus \$5.00 for each additional case found. (background searches will be mailed back to the address listed above)
- **We require at least 3 of the identifiers requested above.**