

Do not write in this space.

## DENTON COUNTY DISTRICT CLERK RECORD REQUEST FORM

\*\*\*\*\* Please print in a legible manner \*\*\*\*\*

- If you do not know the cause number and/or pleading you are requesting, this office must perform a search. There is a \$5.00 fee payable before the record search will be done.
- Copies are \$1.00 per page.
- Please allow up to 10 business days for your request to be completed. (However, normal completion time is 2-3 days)
- Payments are to be made by cash, money order, or credit card (MasterCard, Visa and Discover). Credit card charges are subject to a 5% transaction fee of the total amount charged). Personal checks **are not** accepted.
- You may pick up the copies in person, supply an envelope with pre-paid postage for return via first-class mail (large enough to hold the documents) or have the copies sent to you by fax. (if a pre-paid envelope is not supplied; then a reasonable fee will be charged for postage).
- Return this completed request form to the District Clerk at the address below or fax to: 940-349-2201.

Requestor:			Date:		
Email:			Fax:		
Address:			Phone:		
City, State, Zip:					
Cause No.				Estimated file date:	
Party/Litigant names:					
Please mark all that apply:					
<input type="checkbox"/> Certified copy					
<input type="checkbox"/> Return via fax (non-certified copies only)					
<input type="checkbox"/> Will pick up (please see cashier)					
<input type="checkbox"/> Mail back (charge for postage and envelope if not supplied by requestor)					
Check Payment method:		<input type="checkbox"/> Cash/Money Order	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover
Name on credit card:					
Account No.					
Amount Authorized Not to Exceed		<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> Other \$ _____
Billing Address Zip Code:		Exp. Date: _____ MM/YY		3 – digit Security Code: _____	
Printed name of Authorized Person:					
Authorized Signature:					

**Date and names of requested pleadings:**

Complete below (please be specific) or print out a case summary from the Denton County Judicial Records Search website located at <http://justice.dentoncounty.com/>, mark the requested documents and fax with this form.

\*\*\*\*\* Cases filed since 1990 are located on the Judicial Records Search website.\*\*\*\*\*

Date:	Title of Document:
Date:	Title of Document:
Date:	Title of Document:
Date:	Title of Document:
Date:	Title of Document:
Date:	Title of Document:
Date:	Title of Document:
Date:	Title of Document:
Date:	Title of Document:

**FOR CLERK'S USE ONLY**

Record search performed? (add \$5)	YES	NO
Date requested from storage:		
Unable / able to process - contacted requestor:		
Date completed:	Completed by:	
Total charged:		
Mailed:	Faxed:	Picked up:

**Denton County District Clerk**

**1450 E. McKinney, Suite 1200  
Denton, TX 76209**

**Mailing Address:  
PO Box 2146  
Denton, TX 76202-2146**

**Phone: 940-349-2200**

**Fax: 940-349-2201**

**[www.dentoncounty.com](http://www.dentoncounty.com)**