

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 (American Express, MasterCard, Visa and Discover). Credit card charges are subject to a 2.75% transaction fee of the total amount charged). If payment is made online at: <http://dentoncounty.com/payDC>, please provide the Certified Payment ID on this form. 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.
- **THIS FORM MUST BE COMPLETED IN ITS ENTIRETY, NOT COMPLETING THE FORM PROPERLY COULD KEEP YOUR REQUEST FROM BEING PROCESSED.**

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)				
Payment method:	<input type="checkbox"/> Cash/Money Order	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Certified Payment ID:					
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:					

