

PUBLIC INFORMATION REQUEST FORM

PRINT CLEARLY

CASE/DOCKET NUMBER: _____

DATE OF REQUEST: _____

PERSON REQUESTING INFORMATION:

NAME: _____

ADDRESS: _____

CITY, ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO CASE (if any): _____

PLEASE STATE THE INFORMATION YOU ARE REQUESTING:

(Please be as specific as possible.)

*****CONTACT OUR COURT WITHIN 10 DAYS FROM TODAY AT (817) 884-1438*****

RECEIVED BY: _____

CLERK OF THE COURT

DATE

FOR OFFICE USE ONLY

_____ **RELEASED DOCUMENT(S) TO REQUESTOR UPON PAYMENT FOR COPIES**

_____ **SENT TO DISTRICT ATTORNEY'S OFFICE FOR REVIEW**