

REQUEST FOR COPIES OF A CRIMINAL CASE

COST: \$10.00

DATE OF REQUEST: _____

NAME OF DEFENDANT: _____ M / F

DEFENDANT'S SSN: _____ DEFENDANT'S DOB: _____

Please note that our office does not do "record checks" or "background checks". If you are needing a "record check" or a "background check" done, please contact the Missouri State Highway Patrol for a state-wide criminal history report at www.mshp.dps.mo.gov or (573) 526-6153.

However, if you are needing copies from a specific file, we will provide that to you, but you will need to tell us specifically which case you need copies from. If you do not know the case number, you can look it up at the Public Access Terminal located in our office or on case.net from any computer. (www.court.mo.gov/case.net)

CASE NUMBER OF EACH CASE YOU ARE REQUESTING COPIES OF: _____

OFFENSE: _____ YEAR OF OFFENSE: _____

TYPE OF CHARGE (Please circle): FELONY or MISDEMEANOR

TYPE OF SENTENCE (Please circle): FINE / SIS / SES / JAIL / DISMISSED

*****IF THE CASE IS A CLOSED RECORD, AND THE DEFENDANT CANNOT APPEAR IN PERSON, THE DEFENDANT'S REQUEST MUST BE NOTARIZED AND ACCOMPANIED BY A COPY OF A PHOTO ID OF THE DEFENDANT, AND THE COPIES CAN ONLY BE GIVEN OR MAILED TO THE DEFENDANT.*****

*****WE DO NOT FAX RECORDS. WE CAN EITHER CALL YOU AFTER THEY ARE DONE AND YOU CAN THEN COME PICK THE COPIES UP, OR WE CAN MAIL THE COPIES TO YOU.*****

DO YOU WISH TO PICK UP THE COPIES? (Please circle): YES or NO

IF YOU DO NOT WISH TO PICK UP THE COPIES, TO WHAT ADDRESS CAN WE MAIL THEM?

PHONE NUMBER WHERE WE CAN REACH YOU: _____

SIGNATURE OF PERSON MAKING THE REQUEST: _____

***THE COST FOR COPIES IS \$10.00, PAYABLE TO:
"CAPE GIRARDEAU COUNTY CIRCUIT COURT".***

Mail request and submit payment to: Cape Girardeau County Circuit Court, Courthouse, Suite 301, 100 Court Street, Jackson, MO 63755. Phone: (573) 243-1755

<i>For Office Use Only:</i>	
Amount Paid:	_____
Date Paid:	_____
JIS Receipt #	_____
Employee Initials	_____