

Date: _____
Clerk: _____
Fees: _____ (attached receipt)

RESEARCH REQUEST FORM

PLEASE NOTE THAT YOUR REQUEST WILL BE HANDLED IN THE ORDER RECEIVED. YOU WILL BE NOTIFIED BY PHONE ONCE YOUR REQUEST HAS BEEN COMPLETED.

Research fee **\$15.00** (non-refundable), Copies **\$.50** per page, Certification **\$40.00** per case

Check or money order should be made payable to: Superior Court

Please mail this request along with your check or money order to:

Superior Court – Attn: Room 140

800 11th Street

Modesto, CA 95354

*****PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE*****

DEFENDANT INFORMATION:

- Full Name (at the time the incident occurred) : _____
- Any other names (AKA's) used: _____
- Defendant's date of birth: _____ Any other date of births used: _____

CASE INFORMATION:

- What date or month and year did the crime occur? _____
- Was the above named individual arrested? Yes No Don't know/Can't remember
- What was the initial crime that they were charged with? _____
- Were they charged with a Misdemeanor Felony Not sure/Unknown

DOCUMENTS REQUESTED:

- Complaint/Citation Disposition Minute Order Probation Terms
- Other _____

WOULD YOU LIKE THESE DOCUMENTS CERTIFIED? Yes No

REQUESTING PARTY CONTACT INFORMATION:

- Full Name: _____ Phone Number: _____
- Mailing Address: _____
- If interpreter is needed, specify language : _____

*Results cannot be faxed or emailed, they can be picked up or mailed.
If you have any questions, please call 209-530-3100 and select option #4.*