

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

If the file is located at our offsite storage facility, there will be an additional \$37.00 retrieval fee for each file. Files will be returned to our offsite storage facility after 90 days.

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: Criminal Division***

***P.O.Box 1098, Modesto, CA 95353***

**\*\*\*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.*