



Centralia Municipal Court Request to Access Court Records (GR 31)

REQUESTOR

WSBA# _____

(Attorney's only)

Name: _____

Address: _____

Phone Number: _____ Email: _____

Record / Information Requested: If this information concerns a named individual. Please provide the necessary identifying information.

Name: _____ Date of Birth: _____

Case Number(s): _____ Violation Date: _____

Information you are requesting: (Please be as specific as possible)

Request: ☐ View File ☐ Copy Document(s) from File Copies: ☐ Certified ☐ Non Certified

CONFIDENTIALITY AGREEMENT

I agree that the information provided will not be used for any commercial purposes by myself or by any organization I represent. I will protect the information from access by anyone who may use it for commercial purposes. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____ Date: _____

The Court will respond within five (5) working days from the receipt of this court records request.

- ☐ Please send copies of the records via USPS mail them to the listed address
- ☐ Please send requested records via email provided above
- ☐ Please provide copies of the records and hold them for me to pick up. (held 15 days)

This form must be filed with the Centralia Municipal Court Clerk to be considered complete**INTERNAL USE ONLY:**

Date Received: _____

Received Via: ☐ Counter ☐ Email ☐ Mail ☐ FaxClerk: _____ ☐ Added to Records Log ☐ Docket Entry