

**SPRINGFIELD MUNICIPAL COURT
RECORDS DISCLOSURE**

REQUEST FOR SPRINGFIELD MUNICIPAL COURT RECORDS

TO: SPRINGFIELD MUNICIPAL COURT

Requester Name: _____

DATE: _____

Telephone #: _____
(REQUIRED)

Email Address: _____

ADDRESS: _____

I. I hereby request access to review the Springfield Municipal Court public record of the following case:
Record requested: Case review or copy of case:

INFORMATION BEING REQUESTED:

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

<u>DOCKET #</u>	<u>CITATION #</u>	<u>CHARGE</u>	<u>INCIDENT DATE</u>	<u>ADJUDICATION DATE</u>

CHECK ONE:

_____ Copy requested _____ Certified copy requested

Payment is required with your request for file copies.

COPY FEES: \$11.00 PER FILE- CURRENT FILE

\$16.00 PER FILE- ARCHIVED FILE

\$22.00 PER FILE FOR CERTIFIED COPIES (CURRENT AND ARCHIVED FILES)

Miscellaneous Non-Certified Copies: \$0.50 per page

Miscellaneous Certified Copies: \$22.00 for the first 4 pages, then \$3.00 each page thereafter