



P.O. BOX 347
Acoma, NM 87034

TRIBAL COURTS

Phone: (505) 552-5120
FAX: (505) 552-7394

REQUEST FOR COURT RECORDS

I, _____ am requesting a copy/certification
(PRINT NAME) (AGENCY)
of the court records for:

PLEASE PRINT LEGABLY

NAME:	MADIEN NAME:	AKA:
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE

****If documentation is being requested from any Behavioral Health Services a letter of a completed assessment must be attached.****

Case Number/Date of Incident: _____

Documents Requested:

- Criminal Complaint
- Waiver of Counsel
- Criminal History (Rap Sheet)
- Arraignment/Conditions of Release
- Judgement/Disposition
- Civil Court Record
- Other: _____

For the purpose of: (Briefly state why/how information is to be used; you must prove release is in the interest of justice.

If documents need to be sent via, FAX and/or email please provide contact information:

Name of Company Contact Person:	Phone Number, Email Address and/or FAX #:
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*****ALL REQUESTS MAY TAKE 5-7 BUSINESS DAYS TO COMPLETE*****

By my signature I hereby affirm that the information requested will be used solely for the purpose(s) stated above.

SIGNATURE	DATE
ADDRESS:	PHONE NUMBER:

COURT USE ONLY

DOCUMENTS RECEIVED:

Date Received:	Court Staff Name/Title:	Signature
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> OTHER: _____
Court Administrator		Date

DOCUMENTS RELEASED:

Date Released:	INFORMATION RELEASED:	
	<input type="checkbox"/> FAXED <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed to Individual/Company <input type="checkbox"/> Inter-Office (Confidential Envelope)	
Receipt #:	Money Order/Cashier Check/Credit Card #:	
Court Staff Name & Title:		Signature: