

Records Request Form

Requestor's Information:

Request Date: _____

Company/Individual: _____

Name of requestor: _____

Address: _____

Phone Number: _____ Fax Number: _____

**Upon receipt of request and payment, information will be mailed or available for pickup
within 3 business days.**

Full Name of Defendant: _____

Defendant Date of Birth: _____

Case Number(s): 1) 2) 3) _____

4) 5) 6) 7) _____

8) 9) 10) 11) _____

Information requested:

Complaint (\$0.10 per page) Affidavit (\$0.10 per page) Judgement Entry (\$0.10 per page)

Complete case record(s) (Clerk will contact company/individual with costs.)

Certified copy of Complaint, Affidavit and Judgement entry (\$4.30 per charge)

Other (please specify) _____

Other (please specify) _____

Copies **must** be paid for at the time of request. If not picking up records in person, you **must** include this request, a check or money order and an appropriately sized self-addressed, stamped envelope.

You may mail or fax this request to:

Clermont County Municipal Clerk of Courts
4430 ST RT 222
Batavia, OH 45103
Attn: Records Check
Fax: 513-732-7831