

Cheney Municipal Court611 2nd St, Cheney, WA 99004

Phone (509) 498-9231 | Fax (509) 498-9332 | courtclerk@cityofcheney.org

COURT RECORDS REQUEST FORM

Requests will be processed within five (5) business days, unless notified otherwise.

POLICE REPORTS are NOT available through the Court

Requestor's Name _____ Agency _____

Address _____
Address City State Zip

Telephone () _____ Fax () _____

E-Mail Address _____

 I request to inspect court records -OR- I request copies of court records**Select how you would like the record(s) to be returned:** Pick up in person – you will be notified by telephone when record is ready Mail E-mail Fax Other: _____**Court Records Requested – Please include all known information***Scan/Email/FAX Dissemination: No charge for the first 10 pages, \$0.10 per page for 11 or more pages. Paper**Printed Copies: No charge for the first 10 pages, \$0.15 per page for 11 or more pages.* City of Medical Lake Court Records City of Cheney Court RecordsName _____
Last First MI DOB

AKA/Alias/Maiden Name _____

Case Number(s)/Charge(s) _____

Violation Date(s) _____

Documents Requested

- Charging Document Judgment & Sentencing Order Court Docket Text
 Probation Files Dismissal Order Entire Case File(s)*
 Other _____

*Likely to exceed 15 pages

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By signing, I affirm this request is not for commercial purposes pursuant to RCW 42.56.070(9) & RCW 10.97.

Signature _____ Date _____

- ADMIN USE ONLY -

DOCUMENTS RELEASED _____

COMPLETED BY _____ DATE COMPLETED _____ PAGE COUNT _____ FEE \$ _____

 Request Denied – See attached letter Additional Time Required – See attached letter