

CLACKAMAS COUNTY CIRCUIT COURT

PUBLIC RECORDS REQUEST

[Please print or type, except for your signature]

Date: _____

REQUESTOR'S CONTACT INFORMATION

Name: _____ Signature: _____

Mailing Address: _____
Address City State ZIP

Weekday Telephone Number(s): _____

E-mail Address: _____

TO THE PUBLIC RECORDS ADMINISTRATOR AT [check one]

- Clackamas County Circuit Court, Records, 807 Main Street, Oregon City, OR 97045
- Oregon Supreme Court Oregon Court of Appeals Oregon Tax Court
- Office of the State Court Administrator
- _____ County Circuit Court (fill in the name of the county)

REQUEST

I want to [check one] inspect get a copy of inspect and get a copy of the following Judicial Department record(s) [this information helps us identify the specific records you want]:

Type of Record(s):

Subject Matter:

Approximate date(s) the Judicial Department created or received the record(s):

People named in the record(s) or who created or received the record(s):

Additional information to help the Judicial Department identify the records I want:

Case Name: _____ Case Number: _____

Documents you are Requesting: _____
Title and any other identifying information such as date filed or OJIN entry number.

Number of copies [if you want more copies of some records than others, list the number of copies you want for each record requested]:

Please certify copies of the following record(s):

Please exemplify copies of the following record(s):

FEES

Please see the Clackamas County Circuit Court Public Records Request Procedure, Fee Section, for a complete list and description of fees that may apply to your request.

Please submit a check to cover the cost of copying, certifying and/or exemplification (if requested). If you do not know the exact amount of copies to be made, send a blank check made payable to the "State of Oregon" and in the memo line, write "Not to Exceed" and an amount you believe will cover the cost of the copies. Records staff will then fill in the exact amount and send the receipt, along with the copies, in the self-addressed, stamped envelope you have provided for that purpose.

We will give you an estimate of costs if they will likely be more than \$25.00. We will not proceed further with the request until you confirm in writing that you want us to proceed and until you send payment in advance and the payment clears. We will refund any excess over actual costs. If we underestimated our costs, we will inform you as soon as possible so you can determine whether you want us to continue working to respond to your request.

SELF ADDRESSED STAMPED ENVELOPE

Please include a self-addressed stamped envelope that is large enough to hold the documents you have requested.