CLATSOP COUNTY STATE COURT
COURT FILE OR AUDIO COPY REQUEST FORM

****NOTICE OF RETRIEVAL TIME:** Please allow **72 hours** from receipt of your request. If the file is more than 10 years old, additional time may be required for retrieval. Voluminous copies may also require additional time.

Date of Request:_____ **Time of Request:**_____

Person Requesting File:
(PLEASE PRINT) Name: _____
Street Address: _____
City, State, Zip: _____
E-mail Address: _____
Contact Phone: _____

File Requested:
Case Number: _____
Case/Parties' Name: _____
Year of Filing: _____
Type of Case (if known): _____

Action Requested: Retrieval only: ____ Copies: _____
(Describe documents to be copied)
❑ Pick up ❑ Mail (postage costs will be added) ❑ E-mail

Audio Copy Requested:
Copies of court proceedings will be electronically transferred using digital technology through a secure website unless otherwise specified.
Case Number: _____
Case/Parties' Name: _____
Date/Time of Proceeding: _____
Type of Proceeding: _____
Judge or Courtroom: _____

Retrieval fee is applicable for any files not located on the main floor. The fee is non-refundable but may be credited toward any duplication costs incurred the day the file is viewed. Files are available for viewing for 14 days prior to being returned to the archives.

Fee schedule is available at http://courts.oregon.gov/OJD/courts/Pages/Fees.aspx

** FEES MUST BE PAID PRIOR TO DISTRIBUTION **

You may remit this form via email to: Copy.Clatsop@ojd.state.or.us