

MEMORANDUM

To: All Agencies/Persons Requesting Court File Retrieval/Copies
From: Clatsop County State Court
Date: January 4, 2010
Re: **File Retrieval Time and Copy Costs**

Due to budget constraints, Clatsop County State Court will be requiring all persons or agencies requesting copies or file retrieval to fill out the attached File Retrieval Request Form. Faxed copies of the form will be accepted. Please note: **A minimum of 72 hours from the time the court receives your request will be required to fulfill requests. If a file is older than 10 years, or there are voluminous copies requested, additional time may be required.**

Effective January 4, 2010, the following duplication costs will be enforced:

Audiotapes	\$10 per tape
Compact Discs	\$10 per disc, plus an additional \$5.00 if you want a certified copy.
Certified Copies	\$5 (plus 25¢ per page)
Copies of Records or Files	25¢ per page
Exemplifications	\$10 each
Facsimiles	\$2 first page, \$1 each additional page

If you have any questions, please call the court at (503) 325-8555.

CLATSOP COUNTY STATE COURT

(facsimile 503-325-9300)

DUPLICATION COSTS and RETRIEVAL REQUEST

Per ORS §21.325 and CJO 85-44, 89-13, and 02-67. Effective date January 4, 2010

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FILE RETRIEVAL REQUEST FORM

****NOTICE OF RETRIEVAL TIME:** Please allow a minimum of 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.

**** Fees must be paid prior to distribution.**

Date and Time of Request: _____

Person Requesting File: _____

(PLEASE PRINT) Name: _____

Street Address: _____

City, State, Zip: _____

Contact Phone: _____

File Requested:

File Number: _____

File/Parties' Name: _____

Year of Filing: _____

Type of Case (if known): _____

Action Requested: Retrieval only: ____ Copies: _____

(describe documents to be copied)

For Court Staff Use Only:

Received by: _____	Date/Time Received: _____
Number of Copies: _____	Total Fee: _____
Amount Paid: _____	Date of Payment: _____