



**REQUEST FOR COURT RECORDS**  
Stacy Colberg | Court Administrator | Court Records Officer  
3510 Grandview Street | Gig Harbor, WA | 98335  
P (253) 851-7808 | F (253) 853-5483 | [court@gigarborowa.gov](mailto:court@gigarborowa.gov)

<b>REQUESTOR CONTACT INFORMATION</b>			
Requestor Name:	Agency:	Date of Request:	
Phone Number:	Fax:		
Mailing Address:			
How would you like to receive the documents?	<input type="checkbox"/> In Person	<input type="checkbox"/> Fax	<input type="checkbox"/> US Mail

<b>COURT RECORDS REQUESTED</b>		
<input type="checkbox"/> Complaint/Citation	<input type="checkbox"/> Guilty Plea	<input type="checkbox"/> Pretrial Diversion Agreement
<input type="checkbox"/> Judgment/Sentence	<input type="checkbox"/> No Contact Order	<input type="checkbox"/> Electronic Docket
<input type="checkbox"/> Other (specify)		
Request must have one of the following combinations:		
1) Name and date of birth of a party (the defendant in a criminal matter);		
2) Name and Washington driver's license number of a party (defendant in a criminal matter);		
3) Case number. Other helpful information is the type of charge and date of violation.		
Name:	Date of Birth:	
Party Driver's License Number / State:	Date of Violation:	
Case Number(s):	Type of Charge:	

<b>SIGNATURE AND DECLARATION</b>	
I declare under penalty of perjury under the laws of Washington that the name(s) and/or documents provided to me in this data will not be used for any commercial purposes by myself or any organization I represent, and I will not allow access to this information by anyone who may use it for purposes of contacting individuals names therein or otherwise personally affecting them in the furtherance of any profit-seeking activity. (CHAPTER 42.56 RCW)	
Signature of Requestor:	Date Submitted:

<b>FEES</b> (there is no fee for inspecting court records)	
<input type="checkbox"/> Non-Certified Copies	<input type="checkbox"/> Certified Copies
\$.50 cents per page	\$5.00 first page; \$1.00 each additional page

*Your request will be processed within 5 days. Court Staff will notify you of expected completion date and associated costs. After fees have been paid, the records will be available by method selected above. If records not claimed within 30 days fees paid are forfeited and reapplication will be required.*

<b>ACTION TO BE TAKEN WITHIN 5 DAYS (For Office Use Only)</b>		
1. Request received by:		Date Received:
2. Date Requestor Notified of Action to be taken:		Amount Due \$
3. Action taken	<input type="checkbox"/> Request Granted <input type="checkbox"/> Need for Additional Time ( <i>why?</i> ) <input type="checkbox"/> Clarification Needed ( <i>why?</i> ) If applicable, explain why? <input type="checkbox"/> Request Forwarded to attorney for review:      Date Forwarded: <input type="checkbox"/> Request Denied <input type="checkbox"/> Record withheld in part per RCW 42.56 which authorizes denial or withholding	