

JUSTICE COURT RECORD REQUEST FORM

Please complete all applicable fields. Written requests and payment are required before records searches will be conducted.

REQUESTOR INFORMATION	
Full Name:	
Mailing Address:	
City/State/Zip:	
Phone Number:	
Email Address:	
SUBJECT OF RECORD (if different)	
Full Name:	
Date of Birth (DOB):	
CASE INFORMATION	
Case Number:	
Year of Case:	
Type of Case:	Criminal / Traffic / Civil / Small Claims / Other
RECORDS REQUESTED	
(Be specific)	
FORMAT REQUESTED	Electronic / Paper / Certified
SIGNATURE	
Signature:	
Date:	

Submit completed requests to: Katherine.funchion@mt.gov