

## **REQUEST FOR RECORDS**

	nformation will only be released to enile, Attorney for the Juvenile, Cri	o the Juvenile, Parents/Guardian/Managing Conservator o minal Justice Agency, or DPS.
Date of Request:		
INFORMATION REC	QUESTED WILL NOT BE	AVAILABLE THE DATE OF REQUEST
This is a request for the fo Please be specific about t	llowing Citation/Case#(s ne citation/case you are i	) requesting information for.
Copy of Judgment/E	Disposition	
Certified Copy of Ju	dgment/Disposition	
Other (specify)		
Information is being reque	sted on:	
Defendant:		
Last	First	Middle
DOB:	_ DL:	
Person requesting information	ation:	
I am the Defendant	– daytime contact phone #	
I am not the Defend	ant – Name:	
	Daytime contact phone #	:
Delivery Information:		
Mail to:		
Will pick up. Daytime	e contact phone #( <i>MUST BE</i>	ABLE TO LEAVE MESSAGE)
Signature of Requestor		Date
	This section to be comp	leted by the Court:
Completed – Records located and provided to requestor.		
Completed – Record	ls requested were not loca	ted on file with this court.
Records destroyed a	as per City of Rockwall Re	cords Retention Schedule.
Hold (Reason):		
Clerk Initials:		
Request processed by:		Date: