

DENTON COUNTY DISTRICT CLERK RECORD REQUEST FORM

1450 E. McKinney
Denton, TX 76209
Phone: 940-349-2200

www.dentoncounty.gov

P.O. Box 2146
Denton, TX 76202
FAX: 940-349-5754

EMAIL REQUEST TO: dcrecords@dentoncounty.com

Requestor:	Date:
Email:	Fax:
Address:	Phone:
City, State, Zip:	

Complete below (**please be specific**) or print out a case summary from the Denton County Judicial Records Search website located at <http://justice1.dentoncounty.com/>, mark the requested documents and fax with this form.

******* Cases filed since 1990 are located on the Judicial Records Search website. *******

Please allow up to 10 business days for your request to be completed.

Case/Cause #: _____ Party Name: _____

Certified Copy
 Plain Copy/E-Mail
 Clerk's Certificate

Document Title

Date Document Filed

_____	File Date: _____
_____	File Date: _____
_____	File Date: _____
_____	File Date: _____
_____	File Date: _____

- Copies are **\$1.00** per page. Payment can be made by cash, money order, or credit card (American Express, MasterCard, Visa and Discover). Credit card charges are subject to a **2.75%** transaction fee of the total amount charged (**\$1.00 minimum transaction**). Personal checks **are not** accepted.
- **Plain copies** can be emailed or faxed to the information provided above. **Certified copies** will be mailed regular USPS First Class mail. **If requestor prefers a different delivery method, please include separate envelope with pre-paid shipping label with request.**
- **Clerk's Certificate** will provide a certified copy of the entire case file.
- Documents sealed by order or statute will not be provided unless permitted by law.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. NOT COMPLETING THE FORM PROPERLY COULD KEEP YOUR REQUEST FROM BEING PROCESSED IN A TIMELY MANNER.

Payment method:	() Cash/Money Order	() MasterCard	() Visa	() Discover	() American Express
Name on credit card:	Account No.				
Amount Authorized Not to Exceed	() \$25.00	() \$35.00	() \$50.00	() Other \$	
Billing Address Zip Code:	Exp. Date:		MM/YY	3 – digit Security Code:	
Printed & Signed Name of Authorized Person:					