

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
 Quantity of Each Document: _____

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. This office will not reimburse fees and is not responsible for fees associated with duplicate submissions.
 - **Plain copies** can be emailed or faxed to the information provided above. **Certified copies** will be mailed regular USPS First Class mail. **If requester prefers a different delivery method, please include separate envelope with pre-paid shipping label with request.** Copies will not be mailed to a third-party.
 - **Clerk's Certificate** will be provided with the purchase of 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:					