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Loren B. Schall

CRIMINAL JUSTICE RECORDS REQUEST FORM

Date: _____

Requested By: _____ Relationship to Case: _____
(i.e., victim's atty. victim, press, etc.)

Address: _____ Phone: (_____) _____

(Include city, state and zip code)

Re: _____ Criminal Case # _____ Court Room: _____
(Defendant's Full Name)

What file(s) and records would you like to access?
(Please be as specific as you can)

Please describe why you want the requested records.

For Office Use Only:	
Approximate # of Pages: _____	
# of Pages: ___ x .25/1.00	_____
Redaction Fee	_____
Disc Fee	_____
Total	_____

I, _____, affirm that the records requested above will not be used for the direct solicitation of business for pecuniary gain.

Deputy District Attorney Record Release:

(please print, sign and date)

APPROVAL (specify record type):

DENIAL (give reason):
