

Municipal Court
RECORDS REQUEST

Date: _____

INFORMATION OF REQUESTOR:

Name

Phone

Address

Email

INFORMATION OF DEFENDANT:

Name

DoB

DESCRIPTION OF REQUEST:

☐ **Tier 1 Request**
(7 - 10 business days)

☐ **Tier 2 Request**
(10 - 20 business days)

☐ **Tier 3 Request**
(20 - 30 business days)

Reason for Tier 1 Request

AUDIO REQUESTS:

☐ I am requesting a copy of an **AUDIO recording**.

Fee: **\$7.50**

**Audio Requests require submission of an 8GB (or larger), new-in-package, factory-sealed thumb drive.*

Date of Hearing (required): _____

Case No.: _____

DOCUMENT REQUESTS:

If you are requesting information or documents from a case in which you were the defendant or a victim, you are entitled to up to ten pages at no cost (victims will receive copies with the defendant's personal information redacted). All other requests are subject to a \$5.00 search fee and an additional 25¢ per page (after the first two pages). Government agencies may submit a Record Request at no charge.

☐ I am requesting a printed copy of the **entire case history** for the above-named Defendant.

☐ I am requesting **information specific to a court case(s)**:

PLEASE NOTE: The Court will not search for cases prior to 1992 unless the specific date of offense is provided.

▶ Month & Year of Citations/Court Case No.: _____

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☐ I am requesting copies of charging documents (i.e.: citations, probable cause, etc.) for each listed case.

☐ I am requesting copies of disposition documentation (i.e.: sentencing order, bench order, etc.) for each listed case.

☐ I am requesting ALL case documents for each listed case. (*NOTE: additional fees per page requested may apply*)

☐ I am requesting that the documents be stamped as certified. (*NOTE: original certification stamp will appear on physical documents only*)

How would you like to receive requested documents?

☐ Pick-up

☐ Mail

☐ Email

☐ Fax

INFORMATION REGARDING CERTIFIED COPIES: If you wish to have the original certification stamp on your documents, the documents must be picked up in person or mailed via USPS. Copies of the certified documents can be emailed or faxed but would NOT have the original BLUE stamp, which may be required, depending on your reason for requesting a Record Search.

Records Requests may be submitted by: Email: RecordRequest@ci.missoula.mt.us

or

Mail: Municipal Court
435 Ryman Street
Missoula, MT 59802

OFFICE USE ONLY

☐ Full Court ☐ LJCMS ☐ Access Fee: \$5.00 + _____ pages X 25¢ (25¢ per page with first 2 pages free) = \$ _____ Paid: ☐ Yes ☐ No

Clerk Certification of Requestor Identity: ☐ Yes ☐ No Type: _____ FCE Receipt Attached: ☐ Yes ☐ No Redacted: ☐ Yes ☐ No

Clerk Signature: _____ Date: _____