TRAVIS COUNTY DISTRICT CLERK REQUEST FOR COPIES/ RESEARCH BY MAIL OR FAX REQUEST MADE BY:	
NAME:	
MAILING ADDRESS:	ATE ZIP CODE
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TELEPHONE #: (FAX PHONE #: (
DOCUMENT COPIES REQUESTED:	
	IAL \$5.00 CHARGE IF NOT PROVIDED.)
STYLE OF CASE (PROVIDE THE NAMES IN USE AT THE TIME THE CASE WAS FILED): Plaintiff / Petitioner:	
Defendant / Respondent:	
Child / Children:	
CRIMINAL CASE: DEFENDANT:	
DEFENDANT D.O.B/ OFFENSE DATE:/	
DATE CASE FILED:/ (THE DATE THE CASE STARTED, NOT THE DATE DECREE / JUI	DGMENT WAS SIGNED)
DESCRIPTION / DOCUMENT NAME NEEDED:	
DATE OF DOCUMENT:/ (THERE IS AN ADDITIONAL \$5.00 CHARGE IF NOT PROVID	ED.)
DOES THIS DOCUMENT COPY NEED TO BE CERTIFIED: YES NO Certified copies are \$1.00 per page + \$1.00 for certification; uncertified copies are \$.50 per page	
METHOD OF DELIVERY: U.S. MAIL (required for certified copies) \$3.00	
ELECTRONIC DELIVERY (uncertified only) \$5.00 Select one: EMail (send to email address above) Fax (send to fax # above) OTHER INFORMATION OR INSTRUCTIONS:	
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AMOUNT AUTHORIZED NOT TO EXCEED: \$25.00 \$35.00 \$50.00 Othe	er: \$
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PLEASE ALLOW 5 – 7 BUSINESS DAYS FOR PROCESSING COPY REQUEST