

APPLICATION FOR ACCESS TO COURT RECORDS

NOTICE TO APPLICANT:

This application will be processed and evaluated in accordance with the [Court's Policy for Public Access to Judicial Records](#) of the State of Delaware. The applicant agrees to indemnify and hold harmless the court and its officers and employees from any claim for damages that may arise from the applicant's use or distribution of the information provided pursuant to this application.

The applicant shall be responsible for the costs incurred in responding to this request.

APPLICANT DATA: (Please print)

Name: _____ Daytime telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

DESCRIBE INFORMATION Requested: For Civil Case Information, please provide litigants' names and the approximate date of the case, if possible. **For Criminal Case Information**, please provide as much of the following as possible: Defendant's full name, date of birth, charge(s), case number(s), approximate date of arrest.

(Attach Additional Pages As Required.)

CHECK ONE: DISPOSITION _____ CERTIFIED COPY _____ OTHER _____

Requested delivery date: _____

Applicant Signature: _____ Date: _____