

## APPLICATION FOR ACCESS TO COURT RECORDS

This application will be processed and evaluated in accordance with the Justice of the Peace Court's policy for public access to judicial records. The applicant agrees to indemnify and hold harmless the court, 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.

Applicant Information: (Please print)

Request Date: \_\_\_\_\_

Name or Agency (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Describe Information Requested:

**For civil case information:** please provide litigants' names, JP Court number, and the approximate date of the case (if possible).

**For criminal case information:** please provide defendant's full name, date of birth, JP Court number, the approximate date of arrest, case number and lead charge (if possible).

Litigant/Defendant name: \_\_\_\_\_

Justice of the Peace Court #: \_\_\_\_\_ Case #: \_\_\_\_\_ Arrest/Ticket #: \_\_\_\_\_

Date of birth (Criminal cases): \_\_\_\_\_ Date of case or arrest: \_\_\_\_\_

Lead Charge (if applicable): \_\_\_\_\_

Request (Check One): ☐ Criminal Disposition Record (\$7.00) ☐ Criminal Certified Copy (\$7.00)

☐ Civil Certified Copy (\$10.00) ☐ Civil Docket (\$.25 per page) ☐ Audio Recording CD (\$25.00)

☐ Media Package (\$.25 per page) ☐ Other Copies (\$.25 per page) Specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Method of delivery requested: ☐ In person ☐ Mail ☐ Fax ☐ E-Mail

Fax number \_\_\_\_\_ Email \_\_\_\_\_

The applicant shall be responsible for the costs incurred in fulfilling this request. **Enclose a check or money order payable to the State of Delaware.**

**Requested delivery date:** \_\_\_\_\_ **We will attempt to accommodate your request as soon as possible but cannot guarantee that we can provide the information by the requested date.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_