

<u>Address:</u> 700 E. 7th St., Austin, TX 78701 <u>Mail:</u> P.O. Box 2135, Austin, TX 78768 <u>Phone:</u> (512) 974-4800; <u>Fax:</u> (512) 974-4882 <u>Email: court@austintexas.gov; Internet: www.austintexas.gov/court</u>



REQUEST FOR JUDICIAL RECORDS

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS TO ENSURE PROMPT SERVICE. Upon completion email form to <u>CourtJIR@austintexas.gov</u>. This is a request for Judicial records and will be answered in accordance to Rule 12.

Your Name:	
Your Address:	
If requesting specific case record(s):	Copies to be Certified: YesNo
Defendant's Name:	
Date of Birth: Driver's License State an	d ID#
Case Number(s) or Violation(s):	
Document(s) being requested:	
I am requesting an audio recording of the trial: *Please note this CD alone cannot be used for an ap	YesNo peal. See <u>"A Citizen's Guide to Appeal"</u> for instructions.
If defendant was under the age of 17 at the time of	the violation, your relationship to the defendant, if any:
If requesting more general information, please desc	cribe in detail:
IMPORTANT: The Court will get back with you abo within two working days. Fees, if required, must be CERTIFIED COPIES NON-CERTIFIED COPIES GENERAL INFORMATION CD OF TRIAL	\$1.00 PER PAGE \$0.10 PER PAGE
FOR OFFICE USE ONLY:	\$5.00
Today's Date: Mail: Time: Pickup: Court Employee Initials: Call when read Defendant's PID #: Balance due:	ly (Y/N):
The City of Austin is committed to compliance with the An	nerican with Disabilities Act. Reasonable modifications and equal access to

communications will be provided upon request