



City of Austin Municipal Court

Address: 700 E. 7th St., Austin, TX 78701

Mail: P.O. Box 2135, Austin, TX 78768

Phone: (512) 974-4800; Fax: (512) 974-4682

Email: CourtPIR@austintexas.gov; Internet: www.austintexas.gov/court



RECORDS/INFORMATION REQUEST FORM

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS TO ENSURE PROMPT SERVICE

Upon completion email form to CourtPIR@austintexas.gov

Your Name: _____

Your Address: _____
City State zip code

Your Phone Number: _____ Your Email Address: _____ If

requesting specific case record(s): _____ Copies to be Certified: ___ Yes ___ No

Defendant's Name: _____

Date of Birth: _____ Driver's License State and ID# _____

Case Number(s) or Violation(s): _____

Document(s) being requested: _____

I am requesting an audio recording of the trial. ___ Yes ___ No

**Please note this CD alone cannot be used for an appeal. See "A Citizen's Guide to Appeal" 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 describe in detail: _____

IMPORTANT: The Court will get back with you about the cost, if any, and the date information will be available within ten working days. Fees, if required, must be paid before requested copies will be released.

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|----------------------|----------------------|
| CERTIFIED COPIES | \$1.00 PER PAGE |
| NON-CERTIFIED COPIES | \$0.10 PER PAGE |
| GENERAL INFORMATION | \$28.50 PER HOUR |
| CD OF TRIAL | \$5.00 FOR EACH DISC |

FOR OFFICE USE ONLY

Today's Date: _____

Mail: _____

Time: _____

Pickup: _____

Court Employee Initials: _____

Call when ready (Y/N): _____

Defendant's PID #: _____

Balance due: _____