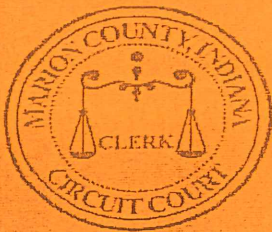


FOR INTERNAL USE ONLY (RECORDS MAIL IN REQUEST)

REQ. \_\_\_\_\_ OF \_\_\_\_\_ STAFF HELPING CUSTOMER \_\_\_\_\_ STAFF COMPLETE REQUEST \_\_\_\_\_  
START DATE: \_\_\_\_\_ COMPLETED DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ COMPLETED TIME: \_\_\_\_\_  
MICROFILM \_\_\_\_\_ WAREHOUSE \_\_\_\_\_ DOWNTOWN \_\_\_\_\_ ELECTRONIC \_\_\_\_\_



### Criminal REQUEST FORM

NAME OF DEFENDANT (AT TIME OF THE REQUEST): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

YEAR OF ARREST/OFFENSE: \_\_\_\_\_

ALLEGED CHARGES: \_\_\_\_\_

INFORMATION REQUESTED: (Files won't be available for misdemeanor during the time of 1980 - 2004)

\_\_\_\_\_ PROBABLE CAUSE \_\_\_\_\_ CHARGING INFORMATION

\_\_\_\_\_ PLEA AGREEMENT \_\_\_\_\_ SENTENCING ORDER

\_\_\_\_\_ PROBATION DISCHARGE \_\_\_\_\_ JUDGMENT ORDER

\_\_\_\_\_ I NEED THIS CERTIFIED

#### Your contact information:

Name: \_\_\_\_\_

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

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

Cell Phone Number: \_\_\_\_\_

#### REQUEST BY MAIL

Complete and return this form, along with a self-addressed stamped envelope, and **\$8.00** **MONEY ORDER** made out to "Marion County Clerk's Office" for EACH copy you are requesting to:

Marion County Clerk's Office  
Records Division  
1330 Madison Ave.  
Indianapolis, IN 46225

Marion County Clerk's Office