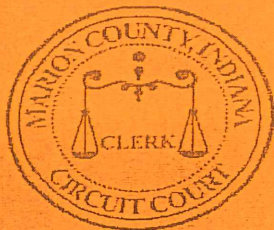


FOR INTERNAL USE ONLY (RECORDS MAIL IN REQUEST)

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