

101 S. Dixon St., Room 207
Gainesville, Texas 76240



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Marci A. Gilbert
Cooke County District Clerk

SEARCH REQUEST FORM

CUSTOMER CONTACT INFORMATION

PLEASE PRINT CLEARLY
PLEASE ALLOW 5 TO 7 BUSINESS DAYS TO
COMPLETE YOUR REQUEST
FEES MUST BE PAID IN ADVANCE

Today's Date: _____

Name _____

Home Phone Number _____

Cell (other) Phone Number _____

Street Address: _____

City _____ State _____ Zip _____

Email: _____

Civil (includes family cases)

Please Print or Type

Divorce	Other	Adoption
Cause (case) Number:	Cause (case) Number:	Cause (case) Number:
Plaintiff Name:	Plaintiff Name:	Birth Name of Child:
Respondent Name:	Respondent Name:	Names of Adoptive Parents:
Date of Final Decree:	Date of Final Judgment:	Year of Adoption:
Other Information:	Type of Case (injury, debt, etc):	Child's Date of Birth:
Documents requested (i.e. divorce decree, final judgment, child support information)		

Criminal – Felony

Please Print or Type

For misdemeanor, contact county clerk

Cause (case) Number:	Defendant Date of Birth:
Defendant First Name:	Type of Offense:
Defendant Middle Name:	Year of Disposition:
Defendant Last Name:	SSN (if available):
Documents Requested: <input type="checkbox"/> Complaint <input type="checkbox"/> Indictment <input type="checkbox"/> Judgment <input type="checkbox"/> Sentencing <input type="checkbox"/> Other (describe below)	

OFFICE USE ONLY

FEES			Amount	TOTAL
\$5.00	Search Fee to locate a cause number, any file or record	GC 51.318		
\$5.00	Certificate and Seal	GC 51.318		
\$1.00	Per page # of pages: _____	GC 51.318		
TOTAL FEES	Amount Received _____ Remaining Balance _____	Notice: If copies are mailed, please include a self-addressed, stamped envelope with your request.		

Request form received on: _____
By: _____
Deputy
Copies prepared on: _____
By: _____
Deputy