

MISDEMEANOR CRIMINAL INFORMATION REQUEST FORM

Requestor First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email address: \_\_\_\_\_

Name of person to be searched:

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I need:

Search results only- no copies needed  Copies only- cause numbers provided

Search results and copies if cases are found

I hereby request the Leon County Clerk to make Copies of the Following documents:

Judgment or Dismissal  Other (please list below) \_\_\_\_\_

Complaint/Probable Cause \_\_\_\_\_

Information \_\_\_\_\_

CERTIFIED COPIES NEEDED  NON-CERTIFIED COPIES NEEDED

Preferred Delivery: PICK-UP \_\_\_ US MAIL \_\_\_ EMAIL \_\_\_ FAX \_\_\_

Search will be conducted from 2000 to present, otherwise specify beginning date: \_\_\_\_\_

**Please note that arrest records are not available through our office. Contact arresting agency.**

Search fee is \$5.00 per name, unless cause# is provided.

Non-Certified copies are \$1 per page. Certified copies are \$5 certification fee plus \$1 per page.

**SEARCH IS DONE BY NAME ONLY. SUBJECT TO ERRORS & OMISSIONS. IT IS EXPRESSLY UNDERSTOOD THAT THE COUNTY CLERK'S OFFICE SHALL NOT IN ANY WAY BE LIABLE FOR CASES LISTED OR OMITTED IN ERROR.**

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

Leon County Clerk- PO Box 98 Centerville, TX 75833

Phone: 903-536-2352 Option 1 Fax: 903-536-7581 Email: patricia.jalufka@co.leon.tx.us