PAM THORP

SUTTON COUNTY & DISTRICT CLERK 300 E. OAK, SUITE 3 SONORA, TX 76950



PH: 325-387-3815 deputy.clerk@co.sutton.tx.us

CIVIL – PROBATE - CRIMINAL RECORD REQUEST/SEARCH FORM

- Copies are \$1.00 per page and \$5.00 to certify per document if needed. If the document is to be faxed or emailed, an additional \$1.00 per page is applied.
- Payments are to be made by cash, check, money order or credit card. Credit card charges are subject to a 2.85% transaction fee of the total amount charged with a \$1.00 minimum.
- Fully complete the request form and return to the Sutton County & District Clerk using the information above. Searches will not be performed if the form is incomplete. A Certificate of Search will be provided for search results.
- Please allow up to 5 business days for your request to be completed. However, normal completion time is 1-2 days.

DOCUMENT REQUEST

Carras Number Assistant de hu Cretton	Title of Dean		File Date:					
Cause Number Assigned by Sutton County/District Court:	Title of Document(s) & File Date:							
County/District Court.	1. 2.							
	3.							
	1							
☐ Plain Copy (\$1.00 per page)								
☐ Certified Copy - District Court Case: \$1.00 per page								
County Court Case: \$1.00 per page + \$5.00 to			☐ Mail the record (no fee)					
certify		Email or Fax the record (additional \$1.00 per page.						
			ertified Copies cannot be emailed					
ONLY COMPLETE THE FOLLOWING SE								
ONLY COMPLETE THE FOLLOWING SECTION IF YOU DO NOT HAVE VOL - PAGE &/OR INSTRUMENT								
NUMBER								

**If you do not know the cause number of the document you are requesting and you are not a listed party								
of the case, this office must perform a search. We will not search records prior to June 1, 1992.								
There is a \$10.00 fee payable BEFORE the record search will be done.								
Plaintiff / Petitioner / Applicant (One Name Per Form):			Case Type:					
Defendant / Respondent / Deceased (One Name F	Per Form):		File Date (Not Prior to 6/1992):					
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Optional Additional Information:								
PPLICANT INFORMATION (type or print clearly)								
Name:		Date:	Date:					
Mailing Address:								
<u> </u>								
Street Address		City	State	Zip				
Phone Number:	Email :							
Fax Number:								
If requesting records be delivered by fax.								
Trequesting records be delivered by tax.								

CREDIT CARD INFORMATION

CREDIT CARD INFORMATION WILL BE REDACTED FROM THIS FORM UPON CONFIRMATION OF PAYMENT

1					
Card Typeselect one:	VISA	Master Card	Discover	AmEx	
Card Number:					
	1				
Security Code					Expiration Date:
3 Digit Number on Back of Card:					
3 Digit Number on back of	Cara.				
Full Name					
As Appears On Card:					
Dilling Adduses					Dilling 7in Code
Billing Address:					Billing Zip Code: