

REQUEST FOR COPIES AND/OR SEARCH FOR POTTER COUNTY FAMILY AND CIVIL RECORDS

TEXAS GOVERNMENT CODE § 51.318 Fees Due When Service Performed or Requested.

(b) (3) for searching files or records to locate a cause when the docket number is not provided.	\$5.00
(4) for searching files or records to ascertain the existence of an instrument or record in the District clerk's office	\$5.00
(7) for a certified copy of a record, judgment, order, pleading, or paper on file or of record in the district clerk's office, including certificate and seal, for each page or part of a page	\$1.00
(8) for a noncertified copy, for each page or part of a page not to exceed \$1.00	\$.50

THESE FEES DUE PAYABLE TO POTTER COUNTY DISTRICT CLERK

Return this form along with payment for the required fees. (Fees may be waived for Government Agencies)
District Clerk, Potter County, P.O. Box 9570, Amarillo, TX 79105

Or

Contact the Family Department at 806.379.2319 or Civil Department at 806.379.2301 to obtain an alternative method of submitting this request and to determine the page count of the requested document/s.

This office accepts the following forms of payment:

- Money order
- Cashier's check (this office does not accept personal checks)
- Credit or debit/credit card payment

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Record Search: Type of Case (circle one) Divorce/Family Case or Civil Case

Name(s) to be searched: _____

Approximate Year/s to be searched: _____

Date of Birth (if known will provide more accurate results): _____

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Copies: Type of Case (circle one) Divorce/Family Case or Civil Case

***Add \$5.00 as an additional search fee for obtaining the cause number if not provided**

Case/cause number(s): _____

Name/type/description of document(s) to be copied: _____

Please specify how you would like copies to be returned:

- Certified copies (mailed back only) - \$1 page, **a self-addressed stamped envelope is required
- Non Certified copies (mailed back) - \$.50 per page, **a self-addressed stamped envelope is required
- Emailed back-non-certified documents- \$5 per document, certified copies-\$1.00 per page

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Requesting person contact information:

Name: _____

Phone number: _____

Email address: _____

The Clerk is authorized to charge the fees for copies or search to my: (circle one) Visa, MasterCard, Discover and American Express

Credit Card Number: _____ Exp Date _____ Security Code: _____

Card Holder's Name: _____

Authorized user signature: _____ Date: _____

Billing Address & Zip Code: _____

Telephone Number with Area Code: _____

Email Address to party requesting: _____

***Please note - our clerks are not authorized to make long distance phone calls**