MASON COUNTY DISTRICT COURT
419 N. 4th St/PO Box "O"
Shelton, WA. 98584
(360) 427-9670 ext. 339 / FAX (360-427-7776)
Email: districtcourt@masoncountywa.gov

RESET

REQUEST FOR ACCESS TO COURT RECORDS

THE COURT CANNOT PROVIDE A COMPETE CRIMINAL HISTORY OR RECORDS CHECK
To perform a statewide search for cases, please refer to: WWW.COURTS.WA.GOV
To perform a criminal history search, please refer to: WWW.WSP.WA.GOV/CRIME/CRIMINAL-HISTORY

REQUSTORS INFORMATION:

Date of Request:			
Name of requestor:			
Address:	City	State	Zip
Telephone number:	Agency: (if applicable)		

1. ON WHOM IS THE INFORMATION BEING REQUESTED?

Subject's full name: _____ Last	First	Middle
Date of Birth:	Driver's license number:	
Case number(s):		

2. INFORMATION REQUESTED:

☐ Complaint/Citation ☐ Judgment/Sentence ☐ Plea agreement ☐ Electronic Docket
☐ No Contact order ☐ Stipulated order of Continuance ☐ Civil Protection petition/order
☐ Other _____

Do you need CERTIFIED copies ☐ YES ☐ NO?

☐ Audio of court proceeding – Date of hearing: _____

3. FEE SCHEDULE:

Payment may be made by cash, check, debit card or credit card (fee will be added on debit and/or credit payments)
Printout of Electronic Records - .25 cents per page unless certified
Copies from Physical Court file - .50 cents per page (not available in most cases that have been closed for more than three years)
Certified copies/per document - $ 5.00 first page, $ 1.00 each additional page.
Tape or CD of Court Proceeding - $ 20.00 each

After fees have been paid, copies may be picked up at the court during regular business hours from 8:30 a.m. to 4:30 p.m. or mailed if a self-addressed, stamped envelope is provided. If documents are not claimed within 30 days, reapplication and prepayment will be required including previous fee(s). **Documents will not be fax or emailed unless otherwise authorized.**

I agree that the information provided will not be used for any commercial purposes by myself or by any organization I represent. I will protect the information from access by anyone who may use it for commercial purposes. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date: _____ Signature of Requestor: _____

INTERNAL USE ONLY:

☐ Request completed ☐ request denied: ☐ insufficient information ☐ other _____

Date requestor advised _____ Amount due: $ _____ _____Clerk