

Quapaw Nation Court Clerk Offices Records Request Form

Request Date:	Are you a named party or attorney in this case?	Copy Fees:
Records Needed by Date: Preferred Delivery <input type="radio"/> Pick Up <input type="radio"/> US Mail <input type="radio"/> Fax <input type="radio"/> Email Written Request must have a Self-addressed Stamped Envelope	<input type="radio"/> Yes <input type="radio"/> No	Fee Per Page <ul style="list-style-type: none"> \$1.00 for 1st page and .50 every page after. Special Copy Request <ul style="list-style-type: none"> \$2.00 Per Certified Copy \$5.00 Per Authenticated Certificate/Triple Seal Must be paid by Cash, Money Order of Cashier Check.

1. Requestor Information:

Last Name	First Name	Middle Initial
Address	City	State Zip
Phone Number	Fax/Email	

2. Agency Requestor Information:

Last Name	First Name	Middle Initial
Address	City	State Zip
Phone Number	Fax/Email	

3. Case Identifiers:

Case Name	Case Number/Ticket Number

4. Records Request: Please describe records requested as completely as possible. The title of document(s) and file dates are helpful.

5. Reason for Request if NOT a Party in Case:

For Court Clerk's Office Use Only

Disposition <input type="radio"/> Approved <input type="radio"/> Denied <input type="radio"/> Not Found	Date of Decision:	Judge (if confidential)
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Explanation for Denial
