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| Bullhead City Municipal Court |

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| 1255 Marina Blvd.  Bullhead City, AZ 86442 |
| (928) 763-0130 p  (928-763-8993 f |
| bullheadcitymunicipalcourt@courts.az.gov |

**REQUEST FOR COURT RECORDS**

Pursuant to rule 29, rules of the Supreme Court, and the Supreme Court Records Retention and Disposition Schedule, records more than five years old, other than electronic summaries, may not be available.

**INSTRUCTIONS FOR REQUESTING RECORDS**

* Complete all applicable information on the form.
* You must submit the completed form to the court by fax, mail, email or in person. Phone requests will not be accepted.
* If submitting by fax or email, please provide a completed credit card authorization form with your request. If submitting by mail, please provide a credit card authorization form, a cashier’s check, or money order for the amount due. This court does not accept business or personal checks.
* A court representative will call you when the records are ready.

Records may be received in person or by email. They will not be mailed.

Certified documents are only available on paper. We do not have an electronic way to certify documents.

Documents will be held for 30 days from date of completion. After 30 days they will be destroyed, another request and payment will need to be made for replication.

Documents provided by the court are for personal, non-commercial use. Should the documents be requested for commercial use, a verified or acknowledged statement must accompany the request stating the purpose and specific use intended for the records.

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**REQUEST FOR COURT RECORDS**

Defendant’s Name: DOB:

Case Number:

Audio from Court Proceeding

Hearing date:

Type of Hearing:

Copies

Email

Paper ($0.50 per page)  Certification

Of:

Charging Document(s)  Sentencing Order  Plea Agreement

Order of Protection  Petition  Declaration/Acceptance of Service

Other:

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**COURT RECORDS FEES**

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| --- | --- | --- |
| Research Fee (Audio or File) | $17.00 (for each 3 cases) |  |
| Copy Fee | $0.50 (per page) |  |
| Certification | $17.00 |  |
| Audio | $17.00 |  |
|  | TOTAL: |  |
|  | Receipt Number: |  |

Payees Name:

Phone Number:

Email:

Once completed, the records will be:

Picked up in person.

Date picked up:

Printed name of recipient of records:

Signature of recipient of records:

Emailed to the email address above.

Date emailed:

Clerk initials: