

**The 16<sup>TH</sup> Judicial Circuit of Missouri  
Department of Criminal Records**

1315 Locust  
Kansas City, MO 64106  
816-881-4350

308 W. Kansas, Suite 127  
Independence, MO 64050  
816-881-4500

**Beverly A. Newman**  
**Court Administrator**

**Sarah N. Voss**  
**Director, Criminal Records**

**Copy Request Form**



**[CRMKCCopyRequests@courts.mo.gov](mailto:CRMKCCopyRequests@courts.mo.gov)**

**1315 Locust  
Kansas City, MO 64106**



**[CRMINCopyRequests@courts.mo.gov](mailto:CRMINCopyRequests@courts.mo.gov)**

**308 W. Kansas, Suite 127  
Independence, MO 64050**

**This form is for use by the general public and government agencies. Missouri licensed attorneys are required to submit all filings, including copy requests, through the OSCA E-filing system. All other copy requests should be submitted to one of the below email addresses or in person.**

**Only one case number per request form. The request will not be processed without a case number.**

**FEES: (Does not apply to government agencies)** Fees for electronic, digital, and/or paper copies are \$.30/page from “standard” files (criminal = less than 5 years old; traffic = less than 2 years old); \$5.00/1<sup>st</sup> page + \$.50/additional pages from “archived” files (criminal = more than 5 years old; traffic = more than 2 years old). Fees for audio copies of trials are \$25.00 per recording. Additional fee for certification is \$4.00 per document/recording. Requestor will be notified of estimated fees; payment must be received before requests are processed. Please allow up to 10-14 business days after receipt of payment for processing.

**Requested Method of Delivery:**

- ☐ Mail.  
☐ Email.  
☐ Pick up at KC Criminal Records – 1315 Locust, Kansas City, MO 64106. \*\*  
☐ Pick up at Independence Criminal Records – 308 W. Kansas, Suite 127, Independence, MO 64050. \*\*

\*\*Any copies that have remained in our office longer than 30 days will be discarded. No refunds will be given.

Date \_\_\_\_\_

Defendant Name \_\_\_\_\_ Case No.: \_\_\_\_\_

Requestor Name \_\_\_\_\_

Government Agency Name (if applicable) \_\_\_\_\_

Requestor Phone No. \_\_\_\_\_

Requestor Email (required) \_\_\_\_\_

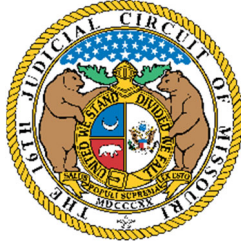
Charge(s) \_\_\_\_\_ Year of charge(s) \_\_\_\_\_

**Documents Requested – Check all that apply**

- ☐ Complaint/Information/Indictment    ☐ Audio record of trials \*(see special instructions)  
☐ Probable Cause    ☐ Sentence/Judgment  
☐ Certification    ☐ Authentication  
☐ Entire File  
☐ Written Transcript – Associate Level (\$250 deposit to order. The court will contact the requestor with exact cost once determined by Central Transcribing.)  
☐ Other (please specify)

**Special Instructions:** \* Audio recording of Associate level trials – complete separate audio request form located at [www.16thcircuit.org](http://www.16thcircuit.org) under court forms.

**Note:** Criminal case information may be obtained at [www.courts.mo.gov/case.net](http://www.courts.mo.gov/case.net). General records or background searches will not be processed; for additional case information or for a general records search, please contact Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O Box 9500, Jefferson City, Missouri, 65102. Phone: 573-526-6153; fax 573-751-9382; email: [mshpcjis@mshp.dps.mo.gov](mailto:mshpcjis@mshp.dps.mo.gov)



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**Copy Request – Confidential Information Sheet**

**Instructions for Requestor**

Please provide the information below to complete your copy request.

This information sheet is confidential, as it contains the defendant's personal identifying information and is for court personnel use only. It shall be filed with each copy request.

**Defendant Name** \_\_\_\_\_

**Defendant Social Security Number (Last 4 digits only)** \_\_\_\_\_

**Defendant Birth Year** \_\_\_\_\_