



**IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
FAMILY COURT DIVISION**

Juvenile's Name:	Case Number (if known):
Birth Date:	
Requestor's Name:	
Relationship to Juvenile:	
Address:	
Phone Number:	

(Date File Stamp)

Request for Legal File Records

NOTE: Records may not be immediately available. Closed records may take 7 - 10 days to retrieve.

- I request access to all records in the above case.
- I request access to only specific records in the above case. (Describe below)

I have a legitimate interest in the records for the above case for the following reason(s):

- Please mail copies to the address at the top of this form.
 hold the requested copies for pickup.
 fax to me at _____ .

_____ Date

_____ Requestor's Signature

- photo identification checked
- check photo identification before release of records

_____ Date

_____ Clerk