

Department of Criminal Records

16TH JUDICIAL CIRCUIT, JACKSON COUNTY, MISSOURI

Copy Request Form

File Stamp

ATTN: Missouri licensed attorneys are required to submit all filings, including copy requests, through the OSCA E-filing system.

ATTN: All government agencies are required to submit copy requests by e-mail.

CRMKCCopyRequests@courts.mo.gov 1315 Locust Kansas City, Missouri 64106

CRMINCopyRequests@courts.mo.gov 308 W Kansas, Suite 127 Independence, Missouri 64050

Reminder: Most records can be accessed through <u>Case.net</u>

FEES: 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); \$5.00/1st 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; additional fee for authentication is \$6.00 per document/recording. Requestor will be notified of estimated fees; payment must be received before requests are processed. Please allow 10-14 business days after receipt of payment for processing.

For electronic/digital delivery of copies, provide complete contact information below. Then, provide the defendant's confidential information on page 2.

Date	Request	Requestor Name	
Requesting Agency			
Requestor Phone Number		Requestor E-mail (Required)	
	Only	y one case number pe	er request form; will not be processed without case number
Defendant Name			Case Number
Charges			Year of charge(s)
Check all that apply to your:	request:		
☐ Complaint/Information	•	□ Audia	• Record of Trials *(See special instructions)
•	m marcunchi		• •
☐ Probable Cause		☐ Sentence/Judgement	
☐ Certification		☐ Authentication	
☐ Entire File			
☐ Written Transcript –	Associate Level (\$250	Deposit to order. Th	ne court will contact requestor with exact cost once
•	dete	rmined by Central Tr	ranscribing.)
☐ Written Transcript –	Circuit Level (Must co	ontact the Court Repo	ort for the division where the case was heard.)
☐ Other (Specify):			
Special Instructions: */A.	idio Recording of Associat	te Level Trials - Comp	lete separate audio request form located on the website.)
Special misu ucuons. "(Al	adio iteeoranig or rissociat	te bever illuis comp	icte separate audio request form focated on the website.

NOTE: Criminal case information may be obtained at www.courts.mo.gov/casenet. General records or background searches will not be processed; for background check related questions, please contact Missouri State Highway Patrol, Criminal Justice Services Division, Records Check Processing Unit, P.O. Box 9500, Jefferson City, Missouri, 65102. Phone: (573) 526-6153 option 3; or the Missouri Automated Criminal History System website at www.machs.mo.gov or any background check related questions can be email to machs@mshp.dps.mo.gov



Department of Criminal Records IN THE 16TH JUDICIAL CIRCUIT, JACKSON COUNTY, MISSOURI

Copy Request - Personal Identifying Information Sheet Confidential Document

Instructions for Requestor

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

Provide the information below to complete your copy request.

Defendant Name	
Defendant Social Security Number (Last 4 digits only)	Defendant Birth Year