



16th JUDICIAL CIRCUIT OF MISSOURI
Department of Criminal Records

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

Beverly A. Newman
Court Administrator

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

Sarah N. Voss
Director, Criminal Records

Copy Request Form



CRMKCCopyRequests@courts.mo.gov

1315 Locust
Kansas City, MO 64106



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); \$5.00/1st 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. 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.)
- Written Transcript – Circuit Level (Must contact the Court Report for the division where the case was heard.)
- Other (Specify): _____

Special Instructions: * Audio recording of Associate level trials – complete separate audio request form located at www.16thcircuit.org under court forms.

Note: Criminal case information may be obtained at 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



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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 _____