**16TH JUDICIAL CIRCUIT OF MISSOURI**

**Department of Criminal Records**

**Copy Request Form**

**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.**

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| [CRMKCCopyRequests@courts.mo.gov](mailto:CRMKCCopyRequests@courts.mo.gov)  1315 Locust  Kansas City, Missouri 64106 | [CRMINCopyRequests@courts.mo.gov](mailto:CRMINCopyRequests@courts.mo.gov)  308 W Kansas, Suite 127  Independence, Missouri 64050 |

Reminder: Most records can be accessed through [Case.net](https://www.courts.mo.gov/cnet/welcome.do)

**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** | **Requestor Name** | |
| **Requesting Agency** | | |
| **Requestor Phone Number** | | **Requestor E-mail (Required)** |
| **Case Number** | | **(Only one case number per request form; will not be processed without case number.)** |
| **Charges** | | **Year of charge(s)** |

Check all that apply to your request:

|  |  |  |
| --- | --- | --- |
| **Complaint/Information/Indictment**  **Probable Cause**  **Certification**  **Entire File** | | **Audio Record of Trials** \*(See special instructions)  **Sentence/Judgement**  **Authentication** |
| **Written Transcript – Associate Level** ($250 Deposit to order. The court will contact 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 on the website.)

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NOTE: Criminal case information may be obtained at www.courts.mo.gov/casenet. 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; e-mail: [mshpcjis@mshp.dps.mo.gov](mailto:mshpcjis@mshp.dps.mo.gov)

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**Department of Criminal Records**

**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** |
|  |  |