

Name: _____

Mailing Address: _____

Telephone Number: _____ E-Mail Address: _____

I am requesting: Copies out of file To Examine certain records contained in Jefferson County

Case # _____ Type of File _____ Record is Sealed

Material being requested: Document(s) Audio Recording

Date of Document _____ Exact Name of Document(s) _____

Relationship to case: Plaintiff/Petitioner Defendant/Respondent Other: _____

Date of request: _____ Signature of Requesting Party: _____

How would you like your copies returned to you (Please Check One):

Hand Delivered _____ Mailed _____ E-Mailed _____

Response

Request Granted:

The requested record is attached/available. The cost is \$1.00 per page (_____ pages) and \$1.00 per certified document (_____ documents), with a the total of _____ to be paid in advance.

The requested CD is attached/available. The cost is \$10.00 per 1st CD and \$5.00 for each additional, for a total of _____ to be paid in advance.

- Copies hand-delivered to requester
- Copies e-mailed to the e-mail address above.
- Copies mailed to requester at above address

Response delayed:

- Additional time is necessary to locate or retrieve the requested record. You should receive a response no later than (10) working days following the date of your request.
- Jefferson County is not the custodian of the requested record.

Notice of denial:

The requested record(s) is/are exempt from disclosure pursuant to Idaho Court Administrative Rule 32.

Notice of partial denial:

Your request has been partially denied. Certain information has been determined to be exempt from disclosure pursuant to Idaho Court Administrative Rule 32, and has therefore been redacted from the requested record with the exempt information redacted is attached/available.

Signature of Custodian Judge

Date