

JACKSON COUNTY MUNICIPAL COURT

**Records Request Form**

**Requestor's Information:**

Request Date: \_\_\_\_\_

Company/Individual: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Upon receipt of request and payment, information will be mailed or available for pickup within 5 business days.

Full Name of Defendant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Case Number(s):

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

7) \_\_\_\_\_ 8) \_\_\_\_\_ 9) \_\_\_\_\_

10) \_\_\_\_\_ 11) \_\_\_\_\_ 12) \_\_\_\_\_

Information Requested:

Complaint (\$0.25 per case)  Affidavit (\$0.25 per case)  Judgement Entry (\$0.25 per case)

Complete Case Record(s) (Clerk will contact company/individual with costs)

Certified copy of Complaint, Affidavit and Judgement Entry (\$4.75 per case)

Other (Please Specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies must be paid for at the time of request. If not picking up records in person, you must include this request, a check or money order and an appropriately sized self-addressed, stamped envelope.

You may mail this request to: Jackson County Municipal Court, ATTN Clerk of Court, 295 East Broadway Street, Suite 101, Jackson, Ohio 45640 or by email [clerk@jmcourt.com](mailto:clerk@jmcourt.com)