Reset Form

Records Request Form

Requestor's Information: Request Date: _____

Company/Individual: _____

Name of requestor: _____

Address: _____

Phone Number:_____ Fax Number:_____

Upon receipt of request and payment, information will be mailed or available for pickup within 3 business days.

Full Name of Defendant:_____

Defendant Date of Birth:_____

Case Number(s):___1)_____2)_____3)_____

4)_____5)_____6)_____7)_____

8)_____9)_____10)_____11)_____

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) _____

☐ 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.

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You may mail or fax this request to:

Clermont County Municipal Clerk of Courts
4430 ST RT 222
Batavia, OH 45103
Attn: Background Check Clerk
Fax: 513-732-7831