

**CLERK OF SUPERIOR COURT
CHRISTINA SPURLOCK, CLERK**



RECORDS REQUEST FORM

| A. Person Requesting Documents | |
|--------------------------------|--|
| Name: | |
| Law Firm/Self: | |
| Address: | |
| City, State: | |
| Zip: | |
| Telephone: | |
| E-Mail Address: | |

| B. Party & Case Information | |
|--|------|
| Case Number(s): | |
| Party 1 Name: | DOB: |
| Party 2 Name: | DOB: |
| Date of Marriage: <i>(If Requesting ML Abstract)</i> | |
| <input type="checkbox"/> ADA Accommodation Request | |

| C. Type of Request |
|--|
| <input type="checkbox"/> Copies (\$\$.50 per page printed or emailed) |
| <input type="checkbox"/> Paper Certification (\$30.00 per document, plus cost for copies) |
| <input type="checkbox"/> Electronic Certification (\$30.00, plus cost for copies) |
| <input type="checkbox"/> Marriage Abstract (\$30.00 per document) |
| <input type="checkbox"/> Authentications (\$90.00 per document, plus cost for copies) |
| <input type="checkbox"/> Exemplifications (\$60.00 per document, plus cost for copies) |
| <input type="checkbox"/> Hearing or Case File – Emailed (\$30.00 each) |
| <input type="checkbox"/> Hearing or Case File – CD (\$36.00 each) |
| <input type="checkbox"/> Subsequent Hearings – CD or Emailed (\$6.00 each) |
| <input type="checkbox"/> Transcripts (Please contact the Clerk's Office for Further Assistance) |

| D. How do you want to receive your request? |
|---|
| <input type="checkbox"/> Emailed (No Additional Charge) |
| <input type="checkbox"/> Mailed (Add \$7.00 or provide a Self-Addressed Stamp Envelope) |
| <input type="checkbox"/> Faxed (Add \$7.00) |
| <input type="checkbox"/> Pick up – Please select a location below (No Additional Charge) |
| <input type="checkbox"/> 415 E. Spring Street Kingman, Arizona |
| <input type="checkbox"/> 2001 College Drive, Lake Havasu City, Arizona |
| <input type="checkbox"/> 2225 Trane Road, Bullhead City, Arizona |

| E. Request(s) (Required Field) | | | |
|-----------------------------------|--|-----------|--|
| Description of item(s) requested: | | | |
| Filing or Hearing Date(s): | | Quantity: | |

| F. To Submit request: |
|--|
| <p align="center">Electronically:</p> <p>Click the submit button below to e-mail request or save a copy and email your request to clerkofcourt@mohavecourts.com</p> <p align="center">Mail:</p> <p>Print form and mail to: Clerk of Superior Court / Research Department, P.O. Box 7000 Kingman, Arizona 86402-7000</p> <p align="center">Fax:</p> <p>Print and fax form to: Clerk of Superior Court/ Research Department (Fax 928-718-4930)</p> |

| G. Payment Options: |
|---|
| <p align="center">US Postal Service:</p> <p>Mail check or money order/payable to: Clerk of Superior Court Attn: Research Department P.O. Box 7000 Kingman, Arizona 86402 – 7000</p> <p align="center">Phone:</p> <p>We accept all major credit cards. (2.39 % Convenience fee for all credit card payments) Call (928) 753-0713</p> |

Submission Note: If you are using Outlook on your PC, clicking the "**Submit**" button will submit your form. If you are using an internet mail service on your PC such as Gmail or Yahoo mail, click the "**Save**" button and save a copy of this form on your PC. Then go to your e-mail, create a new message, attach the form, and send it to clerkofcourt@mohavecourts.com. **Please contact us at 928-753-0713 if you do not hear back from us within 3-5 business days.**