

**Administrative Office of Pennsylvania Courts  
PUBLIC ACCESS RECURRING REQUEST FORM**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**SUBMIT TO:**  
Public Access Unit  
Administrative Office of Pennsylvania Courts  
PO Box 229  
Mechanicsburg, PA 17055  
Phone 717 795-2000  
**Fax 717 795-2002**  
**E-mail [ediin@pacourts.us](mailto:ediin@pacourts.us)**

*Note: You will need Internet access to our homepage in order to download this information.*

- \$250.00 Initial Start up fee must be paid prior to beginning of any file transfers.
- The monthly fee is based on staff and computer time and will be billed prior to the beginning of each month.
- Checks should be payable to Commonwealth of Pennsylvania/Judicial Computer Project.

**DESCRIPTION OF REQUEST**

**Disclaimer**

Information and Receipt of Information are subject to all relevant legal authority as well as the following:

1. A copy of this information may be supplied to the court related to this request.
2. The case information contained in the Pennsylvania Appellate Court Management System (PACMS), Common Pleas Criminal Court Case Management System (CPCMS), and Magisterial District Judge Automated System (MDJS) is not supported by fingerprints. Therefore, it should not be used for the purposes of linking cases to specific individuals.
3. The AOPC will not automatically update the information contained in the PACMS, CPCMS, or MDJS. Recipient acknowledges responsibility to comply with all orders to expunge or correct the data provided.
4. The UJS and AOPC makes no representation as to the accuracy, completeness or utility, for any general or specific purpose, of the information provided and as such, assumes no liability for inaccurate or delayed data, errors or omissions.
5. Use of this information is at the risk of the requestor.
6. Your request for information is being fulfilled consistent with the provisions of the UJS Electronic Case Record Public Access Policy.
7. By submitting this request, I agree to pay any costs incurred and understand that I will not receive the information described above unless or until I make payment as set forth above.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_