Administrative Office of Pennsylvania Courts
PUBLIC ACCESS NONRECURRING REQUEST FORM

Name_____

Mailing Address:_____

_____

City _____ State_____ Zip_____

SUBMIT TO:

Administrative Office of Pennsylvania Courts
Information Technology – Public Access Unit
PO Box 62307
Harrisburg, PA 17106-2307
Phone: 717-795-2000
Fax: 717-795-2002
E-Mail: ediin@pacourts.us

Email _____ Phone_____ Fax_____

DESCRIPTION OF REQUEST

To Be Completed by Administrative Office of Pennsylvania Courts (AOPC)

TASK SCOPE	COST
Staff Time ($80 per Hour):	
TOTAL DUE:	$

REMARKS

Notes:

- Costs are estimates. If it is determined that actual costs will exceed the estimate, you will be contacted for approval.
- A minimum charge of 1 hour of staff time shall be assessed to each request, and thereafter requesters will be charged in 15 minute increments.

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**_____