

Please submit this form to the appropriate UJS records manager. Contact information may be found on the UJS website under "Financial Records" at <http://www.pacourts.us/T/AOPC/PublicAccessPolicy.htm>

RULE 509 REQUEST FORM

Please Type or Print in Black or Blue Ink

Name of

Requestor

Last

First

Middle

Signature

Date

Mailing

Address

Street / PO Box

City

State

Zip Code

Telephone

Fax

Number

Number

Email Address

Please identify each of the documents that are requested. It is important that your request be as specific as possible so that we may determine whether we have these documents.

Note: Information related to standard fees and procedures may be found on AOPC's website <http://www.pacourts.us/T/AOPC/PublicAccessPolicy.htm> or relevant local court's website. Additional fees may be levied as necessary to cover costs incurred in fulfilling specific information requests. Pre-payment will be required if expected compliance costs exceed \$100.

<i>Official Use Only</i>	CHARGE	Comments
<i>Date Received</i>		
<i>Tracking Number (if applicable)</i>	Total Cost	