

# UNIFIED JUDICIAL SYSTEM SCHEDULED COURT RECORDS DISPOSAL CERTIFICATION REQUEST

[Pursuant to Pa.R.J.A. 507(b)]

COUNTY	JUDICIAL DISTRICT	IF APPLICABLE	
		MAGISTERIAL DISTRICT	MAGISTERIAL DISTRICT JUDGE NAME
OFFICE OF ORIGIN		PERSON MAKING DISPOSAL REQUEST (RECORD CUSTODIAN)	
ADDRESS			
APPROVAL REQUESTED FOR:      Records Destruction <input type="checkbox"/> Records Transfer to PHMC <input type="checkbox"/>			
RECORD TITLE AND INCLUSIVE DATES ( <i>one series per form</i> )			
DESCRIPTION OF RECORD ( <i>include type of information contained and purpose of record</i> )			
RETENTION PERIOD IN SCHEDULE	PAGE AND SECTION IN SCHEDULE	HAVE ALL AUDIT REQUIREMENTS BEEN MET? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
QUANTITY			
_____ TOTAL CUBIC FEET			
No. of cartons _____	Length _____	Width _____	Height _____ OF AVERAGE CARTON
No. of volumes _____	Length _____	Width _____	Height _____ OF AVERAGE CARTON
No. of file drawers _____	<input type="checkbox"/> Legal <input type="checkbox"/> Letter	<input type="checkbox"/> Other _____	
HAVE THE RECORDS BEEN MICROFILMED OR CONVERTED TO PDF/A? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARCHIVAL MEDIUM UTILIZED	
Size: <input type="checkbox"/> 16mm <input type="checkbox"/> 35mm <input type="checkbox"/> Other _____			
Form: <input type="checkbox"/> Roll <input type="checkbox"/> Cartridge <input type="checkbox"/> Cassette <input type="checkbox"/> Fiche			
<input type="checkbox"/> Other _____			
LOCATION OF SECURITY COPY			
<b>FOR USE BY RECORD CUSTODIAN</b>			
_____ hereby requests that the Record Retention Officer seek approval from the Administrative Office of Pennsylvania Courts for permission to dispose of or transfer the records identified above.			
_____	_____	_____	
<i>Date</i>	<i>Signature</i>	<i>Phone Number</i>	
<b>FOR USE BY DISTRICT RECORDS RETENTION OFFICER</b>			
Authorization to dispose of or transfer the above-identified records is requested. If destruction of the records is requested, I certify that the records have been reproduced on an archival medium approved by the Administrative Office of Pennsylvania Courts.			
_____	_____	_____	
<i>Date</i>	<i>Signature</i>	<i>Judicial District</i>	
<b>FOR USE BY THE ADMINISTRATIVE OFFICE OF PENNSYLVANIA COURTS</b>			
Review by the Pennsylvania Historical and Museum Commission <input type="checkbox"/> is <input type="checkbox"/> is not requested.			
_____	_____	_____	
<i>Date</i>	<i>Signature</i>	<i>Title</i>	
<b>FOR USE BY THE PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION ONLY IF REVIEW REQUESTED BY AOPC</b>			
<input type="checkbox"/> Concur With Request <input type="checkbox"/> Recommend Denial of Request <input type="checkbox"/> Recommend Disposal Request Be Amended As Follows: _____			
_____	_____	_____	
<i>Date</i>	<i>Signature</i>	<i>Title</i>	
<b>FOR USE BY THE ADMINISTRATIVE OFFICE OF PENNSYLVANIA COURTS</b>			
Approval is given for: <input type="checkbox"/> Destruction <input type="checkbox"/> Destruction as Amended <input type="checkbox"/> Transfer to PHMC			
<input type="checkbox"/> Disapproved <input type="checkbox"/> Retain Pending Further Instructions   Comments/Amendments: _____			
_____	_____	_____	
<i>Date</i>	<i>Signature</i>	<i>Title</i>	

**Original must be sent to the Administrative Office of Pennsylvania Courts, 1515 Market Street, Suite 1414, Philadelphia, PA 19102.  
Keep a copy for your records.**