

UNIFIED JUDICIAL SYSTEM SCHEDULED COURT RECORDS DISPOSAL CERTIFICATION REQUEST
[Pursuant to PA RJA 507(b)]

COUNTY	JUDICIAL DISTRICT	IF APPLICABLE	
		MAGISTERIAL DISTRICT	DISTRICT JUSTICE NAME
OFFICE OF ORIGIN		PERSON MAKING DISPOSAL REQUEST (RECORD CUSTODIAN)	
ADDRESS			
Approval Requested For: <input type="checkbox"/> Records Destruction <input type="checkbox"/> Records Transfer to PHMC			
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 VOLUME
No. of file drawers _____	<input type="checkbox"/> Legal <input type="checkbox"/> Letter <input type="checkbox"/> Other _____		
HAVE RECORDS BEEN MICROFILMED? <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			
FOR USE BY RECORD CUSTODIAN			
_____ 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>	
FOR USE BY DISTRICT RECORDS RETENTION OFFICER			
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 a medium approved by the Administrative Office of Pennsylvania Courts.			
_____ <i>Date</i>	_____ <i>Signature</i>	_____ <i>Judicial District</i>	
FOR USE BY THE ADMINISTRATIVE OFFICE OF PENNSYLVANIA COURTS			
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>	
FOR USE BY THE PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION ONLY IF REVIEW REQUESTED BY AOPC			
<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>	
FOR USE BY THE ADMINISTRATIVE OFFICE OF PENNSYLVANIA COURTS			
Approval is given for: <input type="checkbox"/> Destruction <input type="checkbox"/> Destruction as Amended <input type="checkbox"/> Transfer to PHMC			
Comments/Amendments: <input type="checkbox"/> Disapproved <input type="checkbox"/> Retain Pending Further Instructions			
_____ <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.