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 P	rint 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.

Official Use Only	CHARGE	Comments
Date Received		
Tracking Number (if applicable)	Total Cost	