



Aurora De La Garza
Cameron County District Clerk
 974 E. Harrison Street ♦ Brownsville, TX 78520
 (956) 544-0838

COPY REQUEST FORM

PLEASE PRINT CLEARLY

♦A \$5.00 Search Fee will be assessed to ascertain the existence of an instrument/record requested.

♦A \$5.00 Search Fee will be assessed to locate a Cause Number, if not provided.

♦All cases older than (3) years & located at the warehouse will be assessed a \$10.00 Retrieval Fee. ♦A \$1.00 Fee will be assessed per copy.

PLEASE ALLOW 2 TO 5 BUSINESS DAYS TO COMPLETE YOUR REQUEST

FEES MUST BE PAID IN ADVANCE

IF COPIES ARE NOT PICKED UP WITHIN THIRTY (30) DAYS, A NEW REQUEST AND PAYMENT WILL BE REQUIRED.

CIVIL

CRIMINAL

INFORMATION REQUESTED

CUSTOMER INFORMATION

1. TODAY'S DATE: _____

7. NAME: _____

2. CAUSE NUMBER: _____
(If cause number is not available, indicate the year it took place)

8. PHONE NO: _____

3. PLAINTIFF: _____
 VS

9. ADDRESS: _____

4. DEFENDANT: _____

10. CITY: _____

5. DOCUMENT(S)
 REQUESTED: _____

11. STATE: _____

12. ZIP CODE: _____

6. FOR CRIMINAL CASES:

6a. DATE OF BIRTH: _____

I will pick up my copies upon full receipt of payment.

6b. TYPE OF OFFENSE: _____

Please mail my copies upon full receipt of payment.

Please check one of the following forms of payment:

Enclosed is my check, money order, or cash in the amount of \$5.00 to begin the services requested above. I understand additional fees will apply and I will be responsible for paying those fees before receiving my copies.

I agree to the terms and conditions on this request and hereby authorize the District Clerk's Office to charge my credit card full payment for the services requested. (3% service fee will apply.)



 Name Printed on Credit Card

 Credit Card Number

_____/_____/_____
 Expiration Date

 Authorized Signature

(956) 544-0841 Fax by Credit Card Only

FAX REQUESTS WILL ONLY BE ACCEPTED WITH COMPLETE CREDIT CARD INFORMATION AND WILL BE BILLED TO YOUR CREDIT CARD.

FAX FEES - Incoming - \$2.00 first page, \$1.00 each additional page - **Outgoing** - \$4.25 first page, \$2.25 each additional page

If you have not received a response within 7 days from our office, please contact us.

OFFICE USE ONLY

FEES		AMOUNT	TOTAL
\$5.00	Search Fee to ascertain the existence of an instrument/record requested:	GC 51.318(4)	\$
\$5.00	Search Fee to locate cause number, if not provided:	GC 51.318(3)	
\$10.00	Retrieval Fee for files or records located at warehouse:	GC 51.319(3)	
\$1.00	Per page (certified/non certified): no. of pages: _____	GC 51.318(7)	
Fax Fees	Incoming _____ x \$2.00 = _____ + _____ x \$1.00 add'l page = _____ Outgoing _____ x \$4.25 = _____ + _____ x \$2.25 add'l page = _____	GC 51.319(3)	
TOTAL FEES	Amount Received: _____ Remaining Balance: _____	<input type="checkbox"/> Cash <input type="checkbox"/> mo. rec.# _____ <input type="checkbox"/> Ck <input type="checkbox"/> cr cd	\$

Request form received on: _____

By: _____
 Deput

Copies prepared on: _____

By: _____
 Deput

1st Notification: Date: _____ Time: _____ Comments: _____

2nd Notification: Date: _____ Time: _____ Comments: _____

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