

# Criminal Records Copy Request

Please provide as much information as possible to assist us in finding the records.

Copy fee is \$10.00 for each copy. All copies are certified.

Payment can be made by Money Order or Cashier's Check. **\*\*\*NO PERSONAL CHECKS\*\*\***

Defendant Name: \_\_\_\_\_

\*Case #: \_\_\_\_\_ Case Date: \_\_\_\_\_

Charge: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender:  Male  Female

Number of Copies: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

(we will only contact you if we need more information concerning the request)

Mail-back Address: (What address would you like the copies mailed to?)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Comments:

Print form and send with Money Order or Cashier's Check. **\*\*\*NO PERSONAL CHECKS\*\*\***

Please make payable to Clerk of Superior Court.

Please mail request to:

Clerk of Superior Court  
Attn: Court Records  
P.O. Box 2145  
Columbus, Ga. 31902