



MUNICIPAL COURT FOR THE CITY OF Cleveland
COUNTY OF White, STATE OF GEORGIA
 85 South Main Street Cleveland, GA 30528
 PHONE: (706) 865-0058 ~ FAX: (706) 219-3220

Court Use Only

Date Received by Clerk: _____
 In Office Request Mailed In Faxed/Emailed
 Payment Method: Cash Crd/Debit Ck/MO
 Date Paid: _____

Request For Case Information
 One Case per Form

I (Full Legal Name) _____ request case information

Type of Information: Citation(s) Disposition Other: _____

on Defendant (Full Legal Name) _____ DOB: _____

Date of Violation: _____ Court Case#('s): _____

All requested information should be certified: Yes No

I am requesting this case information:

- I am the Defendant.
- I am the complainant or victim.
- I was a witness to the incident, which is the subject of this case.
- I have a personal, professional, or business relationship with the Defendant, this person is my _____ (spouse, son, daughter, business partner, employee, etc.)
- I am the actual or alleged insurer of the property actually or allegedly damaged during the incident, which is the subject of this case.
- I am a prosecutor or a publicly employed law enforcement officer who needs this report for official use.
- I am the Attorney of Record for this case.
- I am an Attorney for the Defendant in this case on a nonrelated matter and need the requested information as part of a criminal/civil case, or an investigation.
- I am an Attorney for the victim and need the requested information as part of a criminal/civil case, or an investigation of a potential claim involving the Defendant arising from this matter.
- I am an Attorney for the victim of a nonrelated matter and need the requested information as part of a criminal/civil case, or an investigation.
- Other: _____

I understand there will may be a fee assessed for research and copying and I will be advised of the amount of this fee. I also understand that this request will be processed within three business days from the date the request is received in the Municipal Court Office and that if it cannot be processed in that time I will be informed and given a date in which I will be able to receive my information. I also understand that I have 90 days from the date my request is filled to pay all fees assessed and pick up my information that if I do not pick up my requested information within this period I must start the request process again. I affirm/swear that the information I have provided is true and correct to the best of my knowledge.

Requestor's Signature: _____ Date: _____

Attorney Bar#: _____

Please mail information to the address listed below. You must have your signature Notarized.

Mailing Address:

Sworn to and subscribed before me this the _____ day of _____, 20 _____

 St./ Rd./P.O. Box

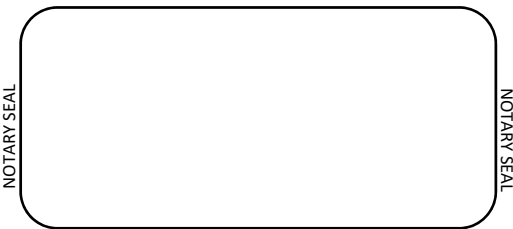
 City State Zip Code

 Contact Phone Number

 Email Address

Notary Public Signature

NOTARY SEAL



NOTARY SEAL

I will pick up the requested information. You must present valid photo ID when picking up your requested paperwork.

Recipient's Signature: _____ Date Received: _____