

Luzerne County
Office of Clerk of Courts
INFORMATION REQUEST

Date of Request: _____

Request Made by: _____

PLEASE PRINT NAME

Contact Information: _____

STREET ADDRESS

CITY, STATE, ZIP

PHONE NUMBER/FAX

EMAIL

What documents are you looking for:

Relationship to Case: Please check one _____ SELF _____ ATTORNEY

_____ OTHER (NAME AND RELATIONSHIP) _____

Case request information:	Case Name	Case# / Date of Arrest
	Date of Birth	Social Security Number
DATE OF BIRTH IS REQUIRED IF CASE NUMBER IS NOT GIVEN	If "REQUIRED" INFORMATION IS NOT SUPPLIED, REQUEST CANNOT BE PROCESSED	

FOR OFFICIAL USE ONLY- DO NOT WRITE BELOW HERE

Request taken by: _____

Date request received: _____

Search Conducted by: _____

Date Search Completed: _____

Form needs to be filled out and brought to the Clerk of Courts office

FEES MAY APPLY