

**CLERK OF SUPERIOR COURT
CHRISTINA SPURLOCK, CLERK**



RECORDS REQUEST FORM

A. Person Requesting Documents	B. Party & Case Information
Name: <input style="width: 90%;" type="text"/>	Case Number(s): <input style="width: 90%;" type="text"/>
Law Firm/Self: <input style="width: 90%;" type="text"/>	Party 1 Name: <input style="width: 70%;" type="text"/> DOB: <input style="width: 20%;" type="text"/>
Address: <input style="width: 90%;" type="text"/>	Party 2 Name: <input style="width: 70%;" type="text"/> DOB: <input style="width: 20%;" type="text"/>
City, State: <input style="width: 90%;" type="text"/>	Date of Marriage: (If Requesting ML Abstract) <input style="width: 90%;" type="text"/>
Zip: <input style="width: 90%;" type="text"/>	<input type="checkbox"/> ADA Accommodation Request
Telephone: <input style="width: 90%;" type="text"/>	
E-Mail Address: <input style="width: 90%;" type="text"/>	

C. Commercial Use (A.R.S. § 39-121.03(A))
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this request being made for a commercial purpose?
If yes, a statement that explains the intended use for this request pursuant to A.R.S. §39-121.03(A) must be provided.

D. Type of Request	E. How do you want to receive your request?
<input type="checkbox"/> Copies (\$0.50 per page printed or emailed)	<input type="checkbox"/> Emailed (No Additional Charge)
<input type="checkbox"/> Paper Certification (\$35.00 per document, plus cost for copies)	<input type="checkbox"/> Mailed (Add \$8.00 or provide a Self-Addressed Stamp Envelope)
<input type="checkbox"/> Electronic Certification (\$35.00, plus cost for copies)	<input type="checkbox"/> Faxed (Add \$8.00)
<input type="checkbox"/> Marriage Abstract (\$35.00 per document)	<input type="checkbox"/> Pick up – Please select a location below (No Additional Charge)
<input type="checkbox"/> Authentications (\$105.00 per document, plus cost for copies)	<input type="checkbox"/> 415 E. Spring Street Kingman, Arizona
<input type="checkbox"/> Exemplifications (\$70.00 per document, plus cost for copies)	<input type="checkbox"/> 2001 College Drive, Lake Havasu City, Arizona
<input type="checkbox"/> Hearing or Case File – Emailed as a Link (\$35.00 each)	<input type="checkbox"/> 2225 Trane Road, Bullhead City, Arizona
<input type="checkbox"/> Continued Hearings –Emailed as a Link (\$6.00 each)	
<input type="checkbox"/> Transcripts (Please contact the Clerk's Office for Further Assistance)	

F. Request(s)			
Description of item(s) requested:			
Filing or Hearing Date(s):		Quantity:	

G. To Submit Request (Choose one of the following):	H. Payment Options (Choose one of the following):
<ol style="list-style-type: none">1) Click the submit button below to E-Mail request or save a copy and email your request to clerkofcourt@mohavecourts.com2) Print and mail to: Clerk of Superior Court P.O. Box 7000 Kingman, AZ 86402-70003) Print and fax form to: Research Department (Fax # 928-718-4930)	<ol style="list-style-type: none">1) Mail check or money order/payable to: Clerk of Superior Court P.O. Box 7000 Kingman, Arizona 86402 – 70002) Pay by Phone by calling (928) 753-0713 We accept all Visa, Mastercard and American Express (2.39 % Convenience fee for all credit card payments)

Submission Note: If you are using Outlook on your PC, clicking the "Submit" button will submit your form. If you are using an internet mail service on your PC such as Gmail or Yahoo mail, click the "Save" button and save a copy of this form on your PC. Then go to your e-mail, create a new message, attach the form, and send it to clerkofcourt@mohavecourts.com. Please contact us at 928-753-0713 if you do not hear back from us within 3-5 business days.