WIND RIVER TRIBAL COURT
RECORDS REQUEST FORM

Request Date:	Preferred Delivery ☐ Pick Up ☐ US Mail ☐ Fax ☐ Email
Request Needed By:	

Part A: Requestor Identification

Last Name	Middle Initial	First Name	
Business Name (if applicable)	Position/Title (if applicable)		
Mailing Address	City	State	Zip Code
Physical Address (if different than mailing)	City	State	Zip Code
Telephone (include area code)	Email (optional)	Fax (optional)	

Part B: Records Request Division

Please select the division(s) to process your record request.

☐ Adult Criminal Division ☐ Children's Court ☐ Family Court
☐ Probate Court ☐ Probation & Parole Department ☐ Civil Division
☐ Appellate Division ☐ Wellness Court ☐ Other:

Part C: Records Requested

Type of Record(s) (check all that apply):

☐ Individual Criminal Background (Self Requested) ☐ Individual Civil Background (Self Requested)
☐ Individual Criminal Background (Employment Requested) ☐ Individual Civil Background (Employment Requested)
☐ Audio Recording ☐ Written Transcript Recording
☐ Other (specify):

Please describe the records requested as completely as possible. Include any dates, names of individuals involved (attach additional pages if necessary).

Part D: Case Identification

Docket/Complaint/Case Number*

*In criminal and traffic cases, if you do not know the docket number, please provide Defendant's information:

Defendant Name and alias(es), if any:	Defendant's Date of Birth:

Arrest Date:	Case Number:	Appeal Number:	Sentencing Date:	Judge Name:

Part E: Request Reason

☐ Personal Use ☐ Employment Use ☐ Other: (be specific)

Part F: Fees *will not be processed until payment is received, unless pre-authorized by the Court Administrator.*

Copies (Uncertified)		Copies (Certified)		Transcripts (Per Hearing)		Backgrounds (Per Individual)	
First Page	$1.00	Per Page	$2.00	Digital	$50.00	Criminal	$10.00
Per additional page	$0.50			Written	$25.00	Civil	$10.00

I acknowledge that by signing this document, the records acquired through this request will be utilized solely for the purposes outlined herein. I understand that any unauthorized use of the obtained records may result in penalties as specified under the Shoshone and Arapaho Law & Order Code, particularly in Title VII, Section 7-5-1.

Printed Name of Requestor: Signature of Requestor: Date:

For Judiciary Use Only

Disposition ☐ Delivered ☐ Denied ☐ Unavailable	Disposition Date:	Staff who completed:

If the request is denied or records are unavailable, explain here. Attach additional pages if necessary.