

**3B DISTRICT COURT
RECORD CHECK WORKSHEET REQUEST**

Note: Record Check results will be mailed unless a pick-up date is listed; you must allow 7 days.

| | |
|---------------------|--------------|
| TODAY'S DATE: _____ | CLERK: _____ |
|---------------------|--------------|

Record Check Information (Provide as much information as possible)

| | |
|--------------------------|------------------------|
| Defendant: _____ | DOB: _____ |
| Years of Search: _____ | OFFENSE DATE: _____ |
| | CONVICTION DATE: _____ |
| SPECIFIC OFFENSES: _____ | |

Individual Requesting Information:

| | |
|---|---------------------|
| Name: _____ | Pick-up Date: _____ |
| Mailing Address: _____ | |
| City, State, Zip: _____ | |
| Contact Telephone Number, if questions arise: _____ | |

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