



Pueblo of Acoma
 "The Sky City"
 TRIBAL COURTS
 P.O. BOX 347
 Acoma, NM 87034

Phone: (505) 552-5120 Fax: (505) 552-7394

REQUEST FOR A COPY OF COURT RECORDS

I, _____ am requesting a copy of the court records for:
 (PRINT NAME) (AGENCY)

PLEASE PRINT LEGIBLY

| | | |
|----------------|-------------------------|-------------------|
| NAME: | MADIEN NAME: | ALIAS: |
| DATE OF BIRTH: | SOCIAL SECURITY NUMBER: | DRIVER'S LICENSE: |

****If documentation is being requested from any Behavioral Health Service agency a completed assessment must be attached.****

Case Number/Date of Incident: _____

Documents Requested:

- | | |
|--|--|
| <input type="checkbox"/> Criminal Complaint | <input type="checkbox"/> Judgement/Disposition |
| <input type="checkbox"/> Waiver of Counsel | <input type="checkbox"/> Civil Court Record |
| <input type="checkbox"/> Criminal History (Rap Sheet) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Arraignment/Conditions of Release | |

For the purpose of: (Briefly state why/how information is to be used; you must prove release is in the interest of justice.

By my signature I hereby affirm that the information requested will be used solely for the purpose(s) stated above.

| | |
|-----------|---------------|
| SIGNATURE | DATE |
| ADDRESS: | PHONE NUMBER: |

COURT USE ONLY

DOCUMENTS RECEIVED:

| | | |
|----------------|-------------------------|-----------|
| Date Received: | Court Staff Name/Title: | Signature |
|----------------|-------------------------|-----------|

APPROVED DENIED OTHER: _____

Judge _____ Date _____

DOCUMENTS RELEASED:

| | |
|---------------------------|--|
| Date Released: | INFORMATION RELEASED: |
| | <input type="checkbox"/> Faxed <input type="checkbox"/> U.S. Postal Service <input type="checkbox"/> Inter-Office (Confidentiality Envelope) |
| Court Staff Name & Title: | Signature: |

