

# **Request for Administrative Public Records**

**GENERAL COURT RULE 31.1** 

### **REQUESTS**

- Use this form to request records from the following:
- Washington Supreme Court
- Court of Appeals (all divisions)
- Administrative Office of the Courts
- Superior Court Judges' Association
- District and Municipal Court Judges' Association

For records from superior, district, or municipal courts, or from the Office of Public Defense or the Office of Civil Legal Aid, refer to our court directory to contact the court or judicial branch agency directly.

#### WHAT TO EXPECT

In most cases, AOC will send you a response within five business days of receiving your request. The response will acknowledge your request with one or more of the following: Requested records provided; Anticipated date of arrival; <u>Expected costs required to proceed</u>; Further clarification required; or Explanation for non-disclosable records.

## **HOW TO SUBMIT A REQUEST**

In your browser, **right-click** and **Save As** the form to your desktop. Close your browser and **complete the form in Acrobat Reader**. Skipping this step will result in submitting a blank form.



publicrecordsofficer@courts.wa.gov



**US MAIL** Administrative Office of the Courts Attn: Public Records Officer P.O. Box 41170, Olympia, WA 98504-1170

**FAX** 360.956.5700

**U.S. Postal Service** 

**QUESTIONS** Visit www.courts.wa.gov or call 360.705.5305.

#### REQUESTER

Indicate how you prefer to receive communication from AOC.

Legal Name (First, Middle Initial, Last)

#### Agency/Company

Address (Street, City, State, Zip Code)

Phone

Fax

**Email Address** 

Yes

No

Email

#### **REQUESTED RECORD(S)**

Provide a written description of the record(s) you would like to inspect. Be as specific as possible, and include details such as name, location, date, and type of record. (For descriptions longer than five lines, use the box on page 2.)

#### **COMMERCIAL USE**

Indicate whether these materials will be used for commercial purposes.

 Signature (Typed name acceptable when submitting electronically)
 Date

 By signing this form, you are accepting responsibility for potential costs associated with requesting records. A deposit may be required.

**REQUESTED RECORD(S)** Provide a written description of the record(s) you would like to inspect. Be as specific as possible, and include details such as name, location, date, and type of record. Attach additional pages if necessary.

