Please submit this form to the appropriate UJS records manager. Contact information may be found on the UJS website under "Financial Records" at http://www.pacourts.us/T/AOPC/PublicAccessPolicy.htm

RULE 509 REQUEST FORM

Please Type or Print in Black or Blue Ink

Name of Requestor _____ _____ _____
Last First Middle

Signature _____ Date _____

Mailing Address _____
Street / PO Box

_____ _____ _____
City State Zip Code

Telephone Number _____ Fax Number _____

Email Address _____

Please identify each of the documents that are requested. It is important that your request be as specific as possible so that we may determine whether we have these documents.

_____
_____
_____
_____
_____
_____
_____

Note: Information related to standard fees and procedures may be found on AOPC's website http://www.pacourts.us/T/AOPC/PublicAccessPolicy.htm or relevant local court's website. Additional fees may be levied as necessary to cover costs incurred in fulfilling specific information requests. Pre-payment will be required if expected compliance costs exceed $100.

Official Use Only	**CHARGE**	**Comments**
Date Received		
Tracking Number (if applicable)	**Total Cost**	