



MUNICIPAL COURT

Request for Disclosure of Judicial Records

(PLEASE PRINT OR TYPE ALL INFORMATION BELOW)

In accordance with the provisions of Rule 12 of the Rules of Judicial Administration, a request to inspect or copy a judicial record must be in writing and must include enough information to reasonably identify the record requested. The request must be addressed to the Records Custodian and not to a court clerk or other agent for the Records Custodian. By your signature below, you are submitting to the Judge of the Weatherford Municipal Court a request for access to the judicial record identified below.

The records Custodian has up to 14 days from the date of your request within which to respond.

Your Printed Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Description of the records you are requesting. Be very specific.

Date of Request: _____ Applicant Signature: _____

OFFICIAL USE ONLY

REQUIRES REVIEW BY JUDGE <input type="checkbox"/> Yes <input type="checkbox"/> No Date Submitted: _____ Date Returned: _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Approved: _____ Approved By: _____ Processed By: _____ Released By: _____ Fees (if applicable)\$ _____	REQUIRES REVIEW BY ATTORNEY <input type="checkbox"/> Yes <input type="checkbox"/> No Date Submitted: _____ Date Returned: _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Approved: _____ Approved By: _____ Processed By: _____ Released By: _____ Fees (if applicable)\$ _____	REQUIRES REVIEW BY ATTY GENERAL <input type="checkbox"/> Yes <input type="checkbox"/> No Date Submitted: _____ Date Returned: _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Approved: _____ Processed By: _____ Released By: _____ Fees (if applicable)\$ _____
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