

PANOLA COUNTY DISTRICT CLERK RECORD REQUEST FORM

**** Please print in a legible manner ****

- ◆ If you do not know the cause number and/or pleading you are requesting, this office must perform a search. There is a \$5.00 fee payable before the record search will be done.
- ◆ Copies are \$1.00 per page.
- ◆ Please allow up to 10 business days for your request to be completed. (However, normal completion time is 2-3 days.)
- ◆ Payments are to be made by cash, money order, or credit card (MasterCard, Visa and Discover). Credit card charges are subject to a 2.75% transaction fee of the total amount charged). If payment is made online, you must complete the payment information on this form. Personal checks *are not* accepted.
- ◆ You may pick up the copies in person, supply an envelope with pre-paid postage for return via first-class mail (large enough to hold the documents) or have the copies sent to you by fax. (If a pre-paid envelope is not supplied, we may charge a reasonable fee for postage.)
- ◆ Return this completed request form to the District Clerk at the address below or fax to: 903-693-6914.
- ◆ **THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. NOT COMPLETING THE FORM PROPERLY COULD KEEP YOUR REQUEST FROM BEING PROCESSED.**

| | |
|-----------------------|----------------------|
| Requestor: | Date: |
| Email | Fax: |
| Address: | Phone: |
| City, State, Zip: | |
| Cause No.: | Estimated File Date: |
| Party/Litigant Names: | |
| | |

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|---|----------------------------------|--|----------------------------------|---|
| Please mark all that apply: | | | | |
| <input type="checkbox"/> | | Certified Copy | | |
| <input type="checkbox"/> | | Return via fax (non-certified copies only) | | |
| <input type="checkbox"/> | | Return via e-mail (non-certified copies only) | | |
| <input type="checkbox"/> | | Will pick up (please see cashier) | | |
| <input type="checkbox"/> | | Mail back (charge for postage and envelope if not supplied by requestor) | | |
| Payment method: | <input type="checkbox"/> Cash/MO | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa | <input type="checkbox"/> Discover |
| Certified Payment ID: Name on credit card: | Account No.: | | | |
| Amt Authorized Not to Exceed: | <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$35.00 | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> Other \$ _____ |
| Billing Address Zip Code: | Exp. Date: _____ MM/YY | | 3-Digit Security Code: | |
| Printed Name of Authorized Person: | | | | |
| Authorized Signature: | | | | |

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**Panola County District Clerk
 110 S. Sycamore Street, Room 227
 Carthage, Tx 75633
 Phone: 903-693-0306
 Fax: 903-693-6914**

Date and names of requested pleadings:
 Complete below (please be specific) or print out a case summary from the Panola County Judicial Records Search at <http://www.co.panola.tx.us>, District Court, District Clerk, choose 'Case/Jail Records Search', choose case, print summary, mark the requested documents and fax with this form.

**** Cases filed since 1994 are located on the Judicial Records Search website ****

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| Date: | Title of Document |
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| FOR CLERK'S USE ONLY | | | |
| Record Search performed? (Add \$5) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Date requested: | | | |
| Unable / Able to process - contacted requestor: | | | |
| Date Completed: | | Completed by: | |
| Total charged: | | | |
| Mailed: | Faxed: | Picked up: | Emailed: |