Please complete the following information to request a misdemeanor case file.

Today's Date: _____

Defendant's Name: _____

Defendant's Date of Birth: _____

Case Number:
(IF Known)   M _____

                M _____

                M _____

                M _____

                M _____

                M _____

Reason for copies
        Employment
        Immigration
        License
        Court Proceeding
        Other _____
        Or would you prefer to view the file and choose your own copies

Requested by: _____

Contact Number: _____

****FEES***

Copies……………………………………………………………………………………………. $1.00 Per Page
Certification…………………………………………………………………………………. $5.00 Per File

***All payments must be exact and accompanied by invoice.

Make payment payable to:
Dallas County Clerk
133 N. Riverfront Blvd., LB-43
Dallas, TX 75207

For office use only

Clerk _____   Date _____   Time _____ LP _____ VM _____

*Revised 02/14/2017