



DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT

OF THE STATE OF IDAHO FOR ONEIDA COUNTY

RECORDS REQUEST FORM

ONEIDA COUNTY COURTHOUSE

10 COURT STREET

MALAD, ID 83252

PH: 208-766-4116 EXT. 4

Requester's Name: _____ Date Submitted: _____

Mailing Address: _____ Phone No: _____

Email Address: _____

Request for: ☐ Documents ☐ Certified Documents ☐ FTR Audio

Preferred Delivery Method: ☐ Pick-Up ☐ Email ☐ Mail (additional postage fees apply)

Case No.: _____

Case Name: _____

Case Type(s):

- | | | |
|--|---|--|
| ☐ Divorce w/Children | ☐ Divorce w/o Children | ☐ Child Support/Custody |
| ☐ Adoption/Termination | ☐ Guardianship/Conservatorship | ☐ Juvenile |
| ☐ Civil Protection Orders | ☐ Criminal | ☐ Other: _____ |

Specific Documents Requested (with file dates) / Hearing Dates for Audio: _____

Reason for Request/Relation to the Case (Required on exempt, sealed, or otherwise confidential cases/documents): _____

By submitting this judicial records request, I certify that I will not use the disclosed information for an illegal purposes.

Date: _____ Sign: _____

Clerk's Office Use Only Below Line

☐ Judge Review Necessary

Request Granted for: ☐ Copies ☐ View Only ☐ Audio OR ☐ Request Denied

Judge's Comments: _____

Date: _____ Sign: _____

Action taken by (Deputy) Clerk:

Identification Verified: ☐ Yes ☐ NA

Date: _____

Deputy Clerk

Fees:

Pages : _____ (\$1.00 /page) \$ _____

Certifications: _____ (\$1.00 per stamp) \$ _____

Audio: _____ (\$ _____ / _____) \$ _____

Total: \$ _____

Deposit: -\$ _____

Credit Card Fee: \$ _____

Total Fees Paid: \$ _____