



**Weatherford 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 sufficient 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 to this request.

Name: _____ Phone: _____

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: _____ 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: _____ 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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