

REQUEST FOR DOCUMENTS

City of Dothan Municipal Court
PO Box 2128 Dothan AL 36302
Phone: (334) 615-4150 Fax: (334) 793-1369

Requested by: _____ () Defendant () Attorney () Other

Address: _____

Home: (_____) _____ Work: (_____) _____ Email: _____

Information on Cases / Defendant Being Requested:

Case Number(s): _____

Defendant Name: _____

Date of Birth: _____ SSN: _____

What was the offense? _____ What Month / Year? _____

() Copy of Citation or Complaint () Disposition () Case Action Summary () Payment History

() I hereby request copies of the documents checked as the Attorney of Record for the above defendant

() I am the defendant in the above case, and hereby request copies of the documents checked

() I am an individual, *other than the Attorney of record or Defendant*, and hereby request the documents

() \$.25 cent per page for **uncertified copies** *If not specified, uncertified copies will be provided*

() \$5.00 **certification fee**, plus \$1.00 for **each additional page**

Signature of Requestor: _____

Request Received by: _____ Request Received Date: _____

Completed by: _____ Date: _____

Amount Charged: _____ Receipt #: _____ Magistrate: _____

() Mailed () Faxed () Emailed () Left up Front