



Kelly Ashmore
 Grayson County District Clerk

SEARCH REQUEST FORM

CUSTOMER CONTACT INFORMATION

PLEASE PRINT CLEARLY
PLEASE ALLOW 5 TO 7 BUSINESS DAYS TO
COMPLETE YOUR REQUEST
FEES MUST BE PAID IN ADVANCE

Name _____
 Home Phone Number _____
 Cell (other) Phone Number _____
 Street Address: _____
 City _____ State _____ Zip _____
 Email: _____

Today's Date: _____

Civil (includes family cases)

Please Print or Type

Divorce	Other	Adoption
Cause (case) Number:	Cause (case) Number:	Cause (case) Number:
Plaintiff Name:	Plaintiff Name:	Birth Name of Child:
Respondent Name:	Respondent Name:	Names of Adoptive Parents:
Date of Final Decree:	Date of Final Judgment:	Year of Adoption:
Other Information:	Type of Case (injury, debt, etc):	Child's Date of Birth:
Documents requested (i.e. divorce decree, final judgment, child support information)		

Criminal – Felony

Please Print or Type

For misdemeanor, contact county clerk

Cause (case) Number:	Defendant Date of Birth:
Defendant First Name:	Type of Offense:
Defendant Middle Name:	Year of Disposition:
Defendant Last Name:	SSN (if available):
Documents Requested: <input type="checkbox"/> Complaint <input type="checkbox"/> Indictment <input type="checkbox"/> Judgment <input type="checkbox"/> Sentencing <input type="checkbox"/> Other (describe below)	

OFFICE USE ONLY

	FEES	Amount	TOTAL	
\$5.00	Search Fee to locate a cause number, any file or record	GC 51.318		Request form received on: _____ By: _____ Deputy
\$5.00	Certificate and Seal	GC 51.318		
\$1.00	Per page # of pages: _____	GC 51.318		
TOTAL FEES	Amount Received _____ Remaining Balance _____	Notice: If copies are mailed, please include a self-addressed, stamped envelope with your request.		Copies prepared on: _____ By: _____ Deputy