

200 S. Crockett St., Ste. 120A  
 Sherman, Texas 75090



(903)813-4352  
 Fax (903)870-0609

**Kelly Ashmore**  
**Grayson County District Clerk**

## SEARCH REQUEST FORM

### CUSTOMER CONTACT INFORMATION

**PLEASE PRINT CLEARLY**  
**PLEASE ALLOW 2 TO 5 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 ascertain the existence of an instrument/record requested: GC 51.318		Request form received on: _____ By: _____ Deputy
\$10.00	Retrieval Fee for files/records located in off-site storage: GC 51.319		
\$1.00	Per page # of pages: _____ GC 51.318		
TOTAL FEES	Amount Received _____ Remaining Balance _____		Copies prepared on: _____ By: _____ Deputy
Notice: If copies are mailed, please include a self-addressed, stamped envelope with your request.			