REQUEST TO ACCESS COURT OR ADLRO RECORD

DATE:

TO:

FROM:

Name

Contact Information*

*If we do not have enough information to contact you, we cannot process the request for information. Please provide any information that will allow us to contact you (name or alias, telephone or fax number, mailing address, e-mail address, etc.)

I WANT INFORMATION OR DOCUMENTS FROM THE FOLLOWING COURT RECORD:

Name(s) of Party(ies) to Case: Case Number: Case Type: Circuit: ____1st ___2^d ___3^d ___5th Court or Agency in which case was filed: ____ADLRO ___ District ___ Family ___ Circuit ___ ICA ___ SCT

I WANT:

____ To inspect the record

To get a _____ complete ____ partial copy of the record.

If partial, please identify the document(s) you want copied:

_ To pick up ordered copies from the office where it is maintained.

_____To have ordered copies _____ mailed, _____faxed, or _____ emailed to me at the contact address noted above.

FEES:

The fee for paper copies of documents from a court record is: \$1.00 for the first page of each document, plus 50¢ for each additional page. *See* Rule 2.2 of the Rules of the District Courts of the State of Hawai'i, Rule 2.2 of the Rules of the Circuit Courts of the State of Hawai'i, and Rule 45(e) of the Hawai'i Rules of Appellate Procedure.

The fee for paper copies of documents from an ADLRO record is usually 15ϕ per page for self service; 15ϕ per page plus a \$2 handling fee if the clerk makes the copies. Other fees may apply. *See* the Judiciary's Schedule of Administrative Fees.

FOR OFFICIAL USE ONLY			
Received:	Notified of Estimated Charge:	Charged:	Receipt No.
Completed:	Order filled by:		