



CITY OF CLEVELAND MUNICIPAL COURT
 85 South Main Street Cleveland, GA 30528
 Phone: (706) 865-0058 ~ Fax: (706) 219-3220

Court Use Only	
Date Received by Clerk:	_____
<input type="checkbox"/> In Office Request	<input type="checkbox"/> Mailed In <input type="checkbox"/> Faxed/Emailed
Payment Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Crd/Debit <input type="checkbox"/> Ck/MO
Date Paid:	_____

Request For Case Information

One Case per Form

I (Full Legal Name) _____ request case information

Type of Information: Citation(s) Disposition Other: _____

on Defendant (Full Legal Name) _____ DOB: _____

Date of Violation: _____ Cleveland Municipal Court Case# ('s): _____

All requested information should be certified: Yes No

I am requesting this case information:

- I am the Defendant.
- I am the complainant or victim.
- I was a witness to the incident, which is the subject of this case.
- I have a personal, professional, or business relationship with the Defendant, this person is my _____
(spouse, son, daughter, business partner, employee, etc.)
- I am the actual or alleged insurer of the property actually or allegedly damaged during the incident, which is the subject of this case.
- I am a prosecutor or a publicly employed law enforcement officer who needs this report for official use.
- I am the Attorney of Record (Attorney's Representative) for this case.
- I am an Attorney (Attorney's Representative) for the Defendant in this case on a (non)related matter and need the requested information as part of a criminal/civil case, or an investigation.
- I am an Attorney (Attorney's Representative) for the victim and need the requested information as part of a criminal/civil case, or an investigation of a potential claim involving the Defendant arising from this matter.
- I am an Attorney (Attorney's Representative) for the victim of a (non)related matter and need the requested information as part of a criminal/civil case, or an investigation.
- Other: _____

I understand there may be a fee assessed for research and copying and I will be advised of the amount of this fee. I also understand that this request will be processed within three business days from the date the request is received in the Municipal Court Office and that if it cannot be processed in that time I will be informed and given a date in which I will be able to receive my information. I also understand that I have 90 days from the date my request is filed to pay all fees assessed and pick up my information. If I do not pick up my requested information within 90 days, I must start the request process again.

I affirm/swear that the information I have provided is true and correct to the best of my knowledge.

Requestor's Signature: _____
 Your signature must be Notarized if the requested information is to be mailed or emailed.

Date: _____

Attorney/Law Group: _____
 Only required if the requested is done on behalf of an Attorney or Law Group.

Attorney Bar#: _____ State: _____
 Only required if the requested is done by an Attorney or on behalf of an Attorney.

Sworn to and subscribed before me this the _____ day of _____, 20 _____

 Notary Public Signature

NOTARY SEAL

Mailing Address:

 St./ Rd./P.O. Box

 City State Zip Code

 Contact Phone Number

 Email Address

- Please mail the requested information to the address listed.
- Please email the requested information to the email listed.

I will pick up the requested information. You must present a valid photo ID when picking up your requested paperwork.

Recipient's Signature: _____ Date Received: _____