



Fax Express

Loren Jackson, Harris County District Clerk
Customer Service Department

Civil

Fax Number 713-755-8980

To Be Completed By The Customer (Please Print):

Case Number: _____

Style: _____ vs. _____

Need Copy of (Please Check):

DECREE /JUDGMENT DATE OF DECREE/ JUDGMENT: _____ **NUMBER OF COPIES:** _____

ORDER/ DATE OF ORDER: _____ **NUMBER OF COPIES:** _____

OTHER: _____

Copies should be: () **CERTIFIED** or () **UNCERTIFIED**

Criminal

Fax Number 713-368-3946

STYLE: STATE OF TEXAS vs. _____ **AKA** _____

DOB¹: _____ **Defendant SPN:** _____ **Social Security Number:** _____

Case Number: _____ **CRT:** _____ **Case Number:** _____ **CRT:** _____

¹ If you do not know your case number or defendant's SPN, we will need the defendant's Date of Birth and Social Security Number, for researching purposes. Please note a \$5.00 researching fee applies. (\$5.00 for every 3 years prior to 1976)

<input type="checkbox"/> JUDGMENT/SENTENCE <input type="checkbox"/> INFORMATION/INDICTMENT/COMPLAINT (Charging instruments) <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> BACKGROUND CHECK (Letter of Disposition) <input type="checkbox"/> MANUAL RECORD SEARCH (Prior -1976) _____ year Copies should be: () CERTIFIED or () UNCERTIFIED

TYPE OF DELIVERY: () Mail ² () Will Call Pick Up Date ³ : _____ () Fax Express Return ⁴
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CUSTOMER'S NAME (Please Print): _____

ADDRESS: _____ **CUSTOMER'S PHONE NUMBER:** _____

_____ **CUSTOMER'S FAX NUMBER:** _____

Applicable Postage and Handling fees will be charged ³ Will Call order must be picked up within 30 days from request ⁴
Fax Express Return service applies to Uncertified Requests Only

I hereby authorize the Harris County District Clerk to charge my credit card for payment of the services requested above:

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____ **DATE OF EXPIRATION:** _____

NAME PRINTED ON CREDIT CARD: _____

AUTHORIZED SIGNATURE: _____

CREDIT CARDHOLDER ADDRESS: _____

CREDIT CARDHOLDER CONTACT NUMBER: _____

FOR DISTRICT CLERK'S OFFICE USE ONLY

TRANSACTION NO: _____

RECEIPT NO: _____