

Fax Express

**Chris Daniel, Harris County District Clerk
Customer Service Department**

Civil (ONLY)

Fax Number 832-927-0141

To Be Completed By The Customer (Please Print or Type):

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 and/or Raised Seal or UNCERTIFIED All copies, certified or uncertified are \$1.00 per page.

Criminal (ONLY)

Fax Number 832-927-0137

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 if we have we do the search for you. (\$5.00 for every 3 years prior to 1976)

JUDGMENT/SENTENCE INFORMATION/INDICTMENT/COMPLAINT (Charging instruments)

OTHER: _____

BACKGROUND CHECK (Letter of Disposition) MANUAL RECORD SEARCH (Prior -1976) _____ year

Copies should be: CERTIFIED or UNCERTIFIED

TYPE OF DELIVERY: Mail ² Will Call Pick ³ (customer will be contacted) Fax Express Return ⁴

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 customers will be contacted when request are completed. Will call orders must be picked up within 30 days of request completion. 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: Make SURE to sign for credit card payment.

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____ DATE OF EXPIRATION: _____

NAME PRINTED ON CREDIT CARD: _____

**AUTHORIZED SIGNATURE: _____

CREDIT CARDHOLDER ADDRESS: _____

CREDIT CARDHOLDER CONTACT NUMBER: _____