



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** \_\_\_\_\_

**DOB<sup>1</sup>:** \_\_\_\_\_ **Defendant SPN:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_ **CRT:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_ **CRT:** \_\_\_\_\_

<sup>1</sup> 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)

**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 <sup>2</sup> ( ) Will Call Pick Up Date <sup>3</sup>: \_\_\_\_\_ ( ) Fax Express Return <sup>4</sup>

**CUSTOMER'S NAME (Please Print):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CUSTOMER'S PHONE NUMBER:** \_\_\_\_\_

\_\_\_\_\_ **CUSTOMER'S FAX NUMBER:** \_\_\_\_\_

Applicable Postage and Handling fees will be charged <sup>3</sup> Will Call order must be picked up within 30 days from request <sup>4</sup>  
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:** \_\_\_\_\_