

**REQUEST FOR COPIES**

DISTRICT CLERK POTTER COUNTY, TEXAS

Instructions: complete this form, sign it, and mail it to: District Clerk, Potter County, P. O. Box 9570, Amarillo, TX 79105 or fax with credit card authorization to 806-372-5061

Cost of copies: Certified Copies \$1 per page, Uncertified copies .50 per page, E-Mail Uncertified Copies \$5.00 per document, Fax copies \$1.00 per page (cannot E-Mail or Fax certified copies)

Type of case (circle one): Divorce / CivilCase / CriminalCase / Other \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ (additional \$5 fee if the case number is not provided)

Names of parties involved in the case: \_\_\_\_\_

I hereby request the District Clerk of Potter County, Texas to make copies of the following documents: (list the documents below

\_\_\_\_\_

Complete this section if Clerk is to return copies by MAIL. You must provide a self addressed stamped envelope. Please contact the Civil Department at 806 379-2301, or the Family Department at 806 379-2319 to determine the number of copies.

I request (circle one) mail *certified* copies at \$1 per page or (mail) (e-mail) *uncertified* copies at .50 per page/ \$5.00 per document

Mail copies to: \_\_\_\_\_

E-Mail copies to: \_\_\_\_\_ \$5.00 per document

I have enclosed (circle one): a LAW FIRM CHECK, CASHIER'S CHECK, OR MONEY ORDER (no personal checks accepted) in the amount of \_\_\_\_\_

Add \$ 5.00 as an additional search fee for obtaining the cause number if not provided

Total enclosed: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Note: if the cost of copies is less than \$10 you will receive a refund. No refunds will be made in amounts of less than \$1.00) =====

Complete this section if Clerk is to FAX copies (certified copies cannot be faxed)

Copies by fax may only be provided if payment is authorized to a MasterCard or Visa credit card.

The Clerk is authorized to charge the fees for copies/fax/search to my: (circle one) MASTERCARD/Visa , American Express, Discover Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Authorized user signature \_\_\_\_\_ Date \_\_\_\_\_

Billing Address & Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Billing Address \_\_\_\_\_