

# RECORDS SEARCH REQUEST



**KAREN E. RUSHING**  
 Clerk of the Circuit Court and  
 County Comptroller  
 2000 Main Street  
 P.O. Box 3079  
 Sarasota, FL 34230-3079

<b>Type of record requested:</b> (Enter an X in the box, as applicable)	
<input type="checkbox"/>	<b>OFFICIAL RECORD</b>
<input type="checkbox"/>	<b>CIVIL</b>
<input type="checkbox"/>	<b>PROBATE</b>
<input type="checkbox"/>	<b>CRIMINAL</b>
<input type="checkbox"/>	<b>MARRIAGE LICENSE</b>

FAX to:  
**941) 861-7738**

**PLEASE PROVIDE SEARCH INFORMATION, as applicable, below:**

Name/Style:			Date of Birth:	
Case #(s):				
Instrument #(s):			OR BOOK:	PAGE:
Years to Search:	<b>FROM:</b>		<b>TO:</b>	
Other Information:				

**DOCUMENT(S) NEEDED** - Itemize documents by name. Date information for specific documents should also be provided, if known.

1.
2.
3.

**How many copies of each document above do you request?**

How do you want the documents? (Enter an X in box, as applicable)	<input type="checkbox"/>	Plain (\$1.00 per page)
	<input type="checkbox"/>	Certified (\$2.00 per document, plus \$1.00 per page)
	<input type="checkbox"/>	Exemplified (\$7.00 plus \$2.00 per document, plus \$1.00 per page)

**If paying by credit card, please complete the attached sheet.**

**If search results are to be mailed, please provide mailing information:**

Firm Name, if applicable:		
Name:		
Address:		
City:	State:	Zip Code:
Phone:	FAX:	
<input type="checkbox"/> Mail to above address	<input type="checkbox"/> or FAX to number above	

**PROCEED TO PAGE 2 TO COMPLETE CREDIT CARD PAYMENT INFORMATION**

### FOR CLERK'S USE ONLY BELOW

Request Taken by:	Date:	Time Initiated:	Time Ended:	Entered:		
COMPLETION INFORMATION		SEARCH FEE CHARGES		# of Requests	x Fee	Total
Date:		Search fee, per year, per name			x \$2.00	
By: (Initials)		Copy Fee, per page			x \$1.00	
# of requests/ searches:		Copy Fee, per computer generated page			x \$ .15	
Clerk's Receipt #:		Certification Fee, per document			x \$2.00	
Redaction Information	Date Scanned: :	Date Available:	Fees Exempt		x \$0.00	
Complete if applicable:			Exemplification Fee, per exemplification		x \$7.00	
<b>NOTES:</b>				<b>TOTAL</b>		

**CREDIT CARD PAYMENT INFORMATION**  
**PLEASE COMPLETE IN ORDER TO PROCESS YOUR REQUEST**

Your order will not be processed if this is not completed.

<b><u>Credit Card* Authorization (All information required):</u></b>								
<i>*Note: Credit card transactions are subject to a 3.5% fee, added by nCourt, the payment processor.</i>								
<b>Type:</b>	<input type="checkbox"/>	<b>VISA</b>	<input type="checkbox"/>	<b>MasterCard</b>	<input type="checkbox"/>	<b>AMEX</b>	<input type="checkbox"/>	<b>Discover</b>
<b>Card #:</b>	1 <sup>st</sup> 4 digits		2 <sup>nd</sup> 4 digits		3 <sup>rd</sup> 4 digits		4 <sup>th</sup> 4 digits	
<b>Expiration Date:</b>	<b>Month</b>		<b>Year</b>		<b>V-code:</b> (Last 3 #'s on back of card or 4 digit code on front for Amex)			
<b>Name on card:</b>								
<b>Billing Address:</b> (Must include zip code)								

**THIS PAGE MUST BE SHREDDED**  
**AFTER TRANSACTION IS COMPLETED**