

Circuit Court of Missouri

Sixteenth Judicial Circuit Court Kansas City Municipal Division 511 E. 11th Street Kansas City, Missouri 64106

Fax: (816) 513-6782 Email: court@kcmo.org

(816) 513-2700

Record Request

	(Submit completed form by mail, in person, by fax or by email)
Date:	_
	Requestor's Information
Name:	
Agency/Law Firm/Business:	
Address:	
Contact Number:	Fax Number:
Email address:	
Agency Contact Person:(If different from above)	Phone Number:
Record Information	
Defendant's Name: (Name on record being requested)	
Defendant's Date of Birth:	
Case Number(s):	
Additional information: (Viola	ation Date, Disposition Date, etc.)
defendant's attorney of record defendant allowing you to obfrom Municipal Court; OR 3) you to obtain the closed confidence of the county of th	losed confidential record(s) you must either: 1) be the defendant or the din the closed case(s); OR 2) obtain written, notarized authorization from the tain that record. An Authorization to Release and Provide Records can be obtained fall within an exception in 610 RSMo or other valid statute or legal order allowing idential record. Please provide the court with your exception and supporting law and OT NEED TO STATE A REASON OR SUBMIT AN AUTHORIZATION TO RECORDS FORM TO OBTAIN ANY OPEN NON-CONFIDENTIAL
A member of our staff will respond to your request within three (3) business days of this submission. Our dedicated staff will attempt to provide all of the information requested within three (3) business days. However, requests which require significant amounts of staff time or City resources may take longer to collect and may be subject to a fee. All fees must be paid prior to the collection and release of information.	
Court Use only (Enter date and initial) Date received Date Responded Date Completed Notes:	