

# CITY OF DECATUR MUNICIPAL COURT

402 Lee St NE Decatur, AL 35601

Phone: 256-341-4676 Fax: 256-341-4677



## CRIMINAL RECORDS REQUEST FORM

### INSTRUCTIONS

1. Please type or print legibly and ensure that all information is complete.
2. Record request only cover City of Decatur Municipal Court records.
3. To complete the criminal record request check, we must have a signed authorization form from the requesting party. No record checks will be performed until the release has been filled out entirely and signed.
4. Return the request to: **Decatur Municipal Court**

**300 Cain St NE**

**Decatur, AL 35601**

Or by email at [court@decatur-al.gov](mailto:court@decatur-al.gov)

### CONTACT INFORMATION — Results of records request will be mailed or emailed to the person listed below

Name:		Phone Number:	
Address:	City:	State:	Zip:

### RECORD CHECK INFORMATION — Records will be sent for individual listed below

Last Name:		First Name:		Middle Name:
Alias Names:		DOB:	Social:	
Date of Offense:	Charge:			
Case Number(s):	<input type="checkbox"/> Single Case <input type="checkbox"/> Multiple Cases <input type="checkbox"/> All Cases	Citation Number(s):	<input type="checkbox"/> Single Citation <input type="checkbox"/> Multiple Citations <input type="checkbox"/> All Citations	
Purpose of Request:				
Additional Comments:				

### DOCUMENT REQUESTED ☐ Certified ☐ Plain Copy

- ☐ All Records associated with case  
☐ Disposition Only

### DELIVERY - To pick up records in person, visit 300 Cain St NE Decatur, AL 35601 M-F 8-4:30 PM

☐ In Person ☐ Email ☐ Mailed **Address:**

You will be contacted at the number listed above when your request has been processed and is ready for pick-up.

**Records failed to be picked up within 30 days of completion will be destroyed.**

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date Filed