

## RECORDS REQUEST

1. Complete the attached form in its entirety.
2. You must provide a copy of your driver's license or ID showing that you are the person whose records you are requesting, unless you are the attorney of record.
3. If you are a governmental entity or outside party, you must provide a signed authorization to release records from this person whose records you are requesting.
4. For all other request that do not fall under 1 & 2, you may submit your request in writing for review and possible inspection.
5. You may return the form:
  - A. In person to the Municipal Court lobby;
  - B. In the "night deposit" box located on the outside of the building on Forsythe Street;
  - C. By mail: Beaumont Municipal Court, PO Box 3827, Beaumont TX 77704;
  - D. By fax to:(409)980-7244;
  - E. By Email to: MC.Court@BeaumontTexas.gov
6. You will be charged \$.10 cents per page for copies, and\$1.00 per page for certified copies. (You will be required to pay in full before copies are provided.)
7. Texas CCP45.017(b) – Juvenile Information will only be released to the Juvenile, Parents/Guardian/Managing Conservator of Juvenile, Attorney for Juvenile, Criminal Justice Agency, or DPS.

Beaumont Municipal Court  
700 Orleans Street \*PO Box 3827  
Beaumont, TX 77704-3827  
Phone: (409) 980-7200 Fax: (409) 980-7244  
Email: [mc.court@BeaumontTexas.gov](mailto:mc.court@BeaumontTexas.gov)

## RECORDS REQUEST

\*This form must be completed in its ENTIRETY and be LEGIBLE in order to process your request.\*

Today's Date:	Accident Reports and records must be requested from the Beaumont Police Department. Call (409)880-3817 for further information.		
<b>YOUR INFORMATION: (REQUESTOR)</b>			
Name:	Address:		
City:	State:	Zip:	
Area Code/Contact Phone:	Email Address:		

Once your records have been reviewed and processed, you will be contacted by phone and advised the fee owed. Records will not be released or mailed until payments are received in full.

How do you wish to receive your records?

PICK UP AT COURT    FACSIMILE    MAIL (You are responsible for mailing fees.)    EMAIL

Please complete as much information on the defendant as possible:

Name (Last, First):	Date of Birth:	Drivers License No.:	Case Number(s):
---------------------	----------------	----------------------	-----------------

Are you requesting a criminal history on ALL cases dealing with the above defendant?    Yes    No

If not, please list the specific case number(s) and/or date(s) you are interested in receiving information on:

--

Please list any other information you may have pertaining to your request:

--

Are you requesting your document(s) be certified (Fee \$1.00 per page)    Yes    No

OFFICE USE ONLY:

Received:	Date:	Fee:	Contacted:
-----------	-------	------	------------