

ASOTIN COUNTY SUPERIOR COURT  
DOCUMENT REQUEST

Requesting Party: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of Request: \_\_\_\_\_

Your name and address are requested in order to assist us in responding to your request. If you prefer not to give your name and address, please bring a copy of this request with you when you check back with our office regarding your request. In order to assure a prompt and complete response to your request, please provide as specific a description as you can for the documents or audio hearings that you are requesting.

Cause Number \_\_\_\_\_

Non-certified Copy \_\_\_\_\_  
Certified Copy \_\_\_\_\_  
Authenticated Copy \_\_\_\_\_

Description of Documents or Audio Hearings Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to RCW 36.18.016 you will be charged \$5.00 for the first page and \$1.00 per page thereafter for certified copies, or \$.50 per page non-certified. A charge of \$10.00 for copies of audio CD's will be charged for each hearing.

Court Use Only	
Date of Response _____	Initials _____