

RULE OF JUDICIAL ADMINISTRATION 509 REQUEST FORM

Name of Requestor: _____

Mailing Address: _____

Telephone Number: _____ Fax: _____

Signature: _____ Date: _____

Please identify each of the documents requested. It is important that your request be as specific as possible so that we may determine whether we have these documents.

Fee schedule:

\$0.25 per page for photocopies of documents

Pre-payment will be required if expected compliance costs exceed \$100.00.