WICHITA MUNICIPAL COURT RECORD CHECK REQUEST

455 N Main Wichita KS 67202-1667

RECEIPT #_____ **316.268.4611 v www.wichita.gov 316.219-6444 f**

RECORD CHECK & COPY FEES		
SERVICE	FEE	Note
Record Check request	$20.00 per individual	Pay at time of request.
Copy of paper/imaged document	0.30¢ per page/side	Pay upon pick-up
Copy of microfilmed document	$3.00 per page/side	Pay upon pick-up
Document redaction required	$1.00 per page/side redacted	Pay upon pick-up/If required
Certification	Add $2.00 per page	Pay upon pick-up

A. Please Print all information

Requesting Person: _____ ☐ Attorney for below named individual

Company: _____ Contact Phone number: _____

Mailing Address (required): _____

City, State, Zip: _____

B. I am requesting information on the below named individual:

Full Name: _____

Last First MI

Alias/Maiden Name: _____

Date of Birth: _____ Social Security Number: _____–_____–_____

☐ Male ☐ Female Race: _____

C. Requestor wants: _____

_____

_____

D. Pick-up information (Check only one).

Records left unclaimed after 14 days of completion are destroyed.

☐ I will pick up ☐ Mail ☐ Fax (___) _____ ☐E-mail_____

Requestor's Signature: _____Date: _____

I verify I am not making this request to seek names or addresses in these records for the purpose of selling or Offering for sale any property or service to the persons listed therein as provided in K.S.A. 21-3914.

Specialist accepting this form: _____ Date: _____

FOR OFFICE USE ONLY: ☐Expungement Full Print-Out ☐Expungement Print-Out ☐Immigration

☐Nursing ☐ Dispo ☐ Complaint ☐Final Receipt ☐Full Print-Out

☐Standard Print-Out ☐ 3rd Party ____ # of copies ☐Certification ☐Other_____

Record check completed by: _____ Date: _____

Form No. 15-413 (R 08/14)