



**SEDONA MUNICIPAL COURT**  
 102 Roadrunner Drive, Sedona, AZ 86336  
 Telephone: (928) 282-1189  
 email: SedonaMunicipalMailbox@courts.az.gov

## COURT RECORDS REQUEST FORM

Pursuant to Rules of the Arizona Supreme Court and the Arizona Code of Judicial Administration Records and Retention and Disposition Schedule for Limited Jurisdiction Courts, **Driving Under the Influence and Domestic Violence Cases** are retained for **eight (8) years after closure**. **All other Criminal Cases** will only be retained for **five (5) years after closure**. **Civil Traffic Records** are retained for **one (1) year after closure**.

REQUESTOR: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*The above information will be used to Contact or Mail you this Records Request.*

**THE COURT WILL CONTACT YOU REGARDING THE AMOUNT DUE.**  
**RECORDS REQUESTS WILL BE PROCESSED WITHIN 10-14 BUSINESS DAYS.**

*Failure to pick up records within 10 business days of notification will result in records being sent by U.S. mail.*

**DEFENDANT INFORMATION: (The Following Is Required)**

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_ SSN: \_\_\_\_\_

CASE NUMBER(S): \_\_\_\_\_

CITATION NUMBER(S): \_\_\_\_\_

DATE OF INCIDENT(S): \_\_\_\_\_

TYPE OF CHARGE(S) \_\_\_\_\_

**DOCUMENTS: (Please Check Type of Documentation Being Requested)**

- |  |   |
|--|---|
| <input type="checkbox"/> COMPLAINT / CITATION                        | <input type="checkbox"/> MVD ABSTRACT         |
| <input type="checkbox"/> PLEA AGREEMENT                              | <input type="checkbox"/> NOTICE OF APPEARANCE |
| <input type="checkbox"/> JUDGMENT / SENTENCING INFO                  | <input type="checkbox"/> WAIVER OF COUNSEL    |
| <input type="checkbox"/> FINGERPRINTS (FBI / Court Use <u>Only</u> ) |   |
| <input type="checkbox"/> OTHER: _____                                |   |

**REQUESTOR'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**- COURT USE ONLY -**

TYPE OF CHARGE	UNIT COST	QTY	TOTAL
Research Fee	\$17.00 per case		
Copy Charge	\$0.50 per page		
Compact Disc Recording of Hearing	\$17.00 per disc		
Court Certification	\$17.00		
<b>TOTAL AMOUNT DUE FOR REQUEST</b>			<b>\$</b>

(Rev 04/2021)