



Prescott Valley Magistrate Court

7501 E Skoog Blvd, 1st Floor

Prescott Valley, AZ 86314

Phone: (928) 772-8277

Email: prescottvalleymagistrate@courts.az.gov

RECORDS/INFORMATION REQUEST FORM

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS TO ENSURE PROMPT SERVICE

Upon completion you may file your request at the Clerk Window or email form to prescottvalleymagistrate@courts.az.gov

Your Name: _____

Driver's License State and ID# _____

Your Address: _____

City _____ State _____ Zip code _____

Your Phone Number: _____ Your Email Address: _____

If requesting specific case record(s): Copies to be Certified: ___ Yes ___ No

Defendant's Name: _____ Date of Birth: _____

Case Number(s) or Violation(s): _____

Document(s) being requested: _____

I am requesting the audio recording of the trial/hearing ___ Yes ___ No

What date was the trial/hearing held: _____

If requesting more general information, please describe in detail: _____

IMPORTANT: Fees, if required, must be paid BEFORE requested copies are completed by the Court. The Court will contact you about the cost, if any. Information will be available within 2 working days, after payment has been received.

MINIMUM CLERK FEE \$17.00 PER REQUEST OR PER CASE

RESEARCH/LOCATE FILE FEE \$17.00 PER REQUEST

RECORD DUPLICATION (CERTIFICATION) \$17.00 FEE

COPIES \$0.50 PER PAGE

COPY OF AUDIO \$5.00 PER COPY OF TRIAL/HEARING

FOR OFFICE USE ONLY

Today's Date: _____ Mail: _____

Time: _____ Pickup: _____

Court Employee Initials: _____ Call when ready (Y/N): _____

Balance due: _____