



**IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
FAMILY COURT DIVISION**

Juvenile's Name:	Case Number (if known):
Birth Date	
Requestor's Name:	
Relationship to Juvenile:	
Address:	
Phone Number:	

(Date File Stamp)

Request for Legal File Records

NOTE: Records may not be immediately available. Closed records may take 7 - 10 days to retrieve.

- I request access to all records in the above case.
- I request access to only specific records in the above case. (Describe below)

I have a legitimate interest in the records for the above case for the following reason(s):

- Please
- mail copies to the address at the top of this form.
 - hold the requested copies for pickup.
 - fax to me at _____.

Date

Requestor's Signature

- photo identification checked
- check photo identification before release of records

Date

Clerk