



KATE SWEENEY BELL

Criminal Case Request Form

Name of Defendant (at time of request): _____

Date of birth: _____

Case number: _____

Year of arrest/offense: _____

Alleged charges: _____

Information Requested: (Files will not be available for misdemeanors between 1980-2004)

Probable Cause Charging Information
 Plea Agreement Sentencing Order
 Probation Discharge Judgement Order
 I need this certified

Your contact information:

Name: _____

Street Address: _____

City, State, Zip: _____

Cell #: _____

REQUEST BY MAIL

If you require a physical copy of your records, per IC code 33.37.5.1 there is a \$1.00 per page fee. If you require certified documents, there is an addition \$3 flat fee added, per IC 33.37.5.3. Please provide a self-address stamp envelope. Do not include money now, you will be contacted via phone once your records are ready and we will take your payment info then.

Marion County Clerk's Office
Records Division
1330 Madison Ave.
Indianapolis, IN 46225