



Kentucky Dept. for Libraries and Archives  
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Frankfort, KY  
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<https://kdla.ky.gov>

# Criminal Case Record Request Form

Date:

## Contact Information

Name:

Address:

City:

State/Province:

Zip/Postal Code:

Daytime  
Phone Number:

Email Address:

## Preferred Method of Contact:

Email

Phone

## Criminal Case Record Requested

Defendant:

Charge:

County or Agency:

Date of Case:

Case Number, if  
known:

Order Book  
Number, if known:

**Notes:** Provide any additional detail you think will be helpful in finding the requested record

## Preferred Method of Delivery:

Mailed copies

Certified Mailed copies

Electronic Scans

**Submit only one form & one payment at a time.**

I have enclosed the required fee to process this request.

Select Fee Type