



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

Civil Case Record Request Form

Date:

Contact Information

Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Daytime Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

Preferred Method of Contact:

Email Phone

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

Civil Case Record Requested

Name of Plaintiff:	<input type="text"/>
Name of Defendant:	<input type="text"/>
County:	<input type="text"/>
Date of Case:	<input type="text"/>
Case Number, if known:	<input type="text"/>
Order Book Number, if known:	<input type="text"/>

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