

# Criminal Case Record Request Form



Kentucky Dept. for Libraries and Archives  
P.O. Box 537, 300 Coffee Tree Road  
Frankfort, KY  
40602

Phone: 502.564.8300  
Fax: 502.564.5773  
<http://kdla.ky.gov>

Date:

## Your Contact Information

Name:

Address:

City:

State/Province:

Zip/Postal Code:

Daytime  
Phone Number:

Email Address:

## Criminal Case Record Requested

Name of  
Defendant:

County or Agency

Date of Case

Type of Record  
Requested:

Case Number, if  
known:

Order Book  
Number, if known:

Submit only one form & one payment at a time.

I have enclosed the required fee to process this request.

Select Fee Type