

COOKE COUNTY DISTRICT CLERK RECORD REQUEST FORM

101 S. Dixon St., Rm 207
Gainesville, Texas 76240

www.co.cooke.tx.us

Phone: 940-668-5450
FAX: 940-668-5476

This request may be [e-filed](#), mailed or faxed

Requestor:	Date:
Email:	Fax:
Address:	Phone:
City, State, Zip:	

Complete below **(please be specific)** Please allow up to 10 business days for your request to be completed.

Some Cooke County Judicial Records may be found online at [Texas Online Records](#).
If you do not find your records online you will need to use this request form.

Case/Cause #: _____ Party Name: _____

Certified Copy
 Plain Copy/E-Mail
 Clerk's Certificate

<u>Document Title</u>	<u>Date Document Filed</u>
_____	File Date: _____
_____	File Date: _____
_____	File Date: _____
_____	File Date: _____
_____	File Date: _____

- Copies are **\$1.00** per page. Payment can be made by cash, money order, or credit card (American Express, MasterCard, Visa and Discover). Credit card charges are subject to a **5%** transaction fee of the total amount charged (**\$1.00 minimum transaction**). Personal checks **are not** accepted.
- **Plain copies** can be emailed or faxed to the information provided above. **Certified copies** will be mailed regular USPS First Class mail. **If requestor prefers a different delivery method, please include separate envelope with pre-paid shipping label with request.**
- **Clerk's Certificate** will provide a certified copy of the entire case file.
- Documents sealed by order or statute will not be provided unless permitted by law.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. NOT COMPLETING THE FORM PROPERLY COULD KEEP YOUR REQUEST FROM BEING PROCESSED IN A TIMELY MANNER.

Payment method:	() Cash/Money Order	() MasterCard	() Visa	() Discover	() American Express
Name on credit card:		Account No.			
Amount Authorized Not to Exceed	() \$25.00	() \$35.00	() \$50.00	() Other \$	
Billing Address Zip Code:		Exp. Date: MM/YY		3 – digit Security Code:	
Printed & Signed Name of Authorized Person:					