## **COUNTY OF STARR**

## HUMBERTO "BERT" GONZALEZ, JR.- COUNTY CLERK



## CRIMINAL CASE REQUEST FORM

DATE :	NAME:
☐ CRIMINAL CAUSE:	D.O.B:
☐ RECORD SEARCH-AFFIDAVIT	
DOCUMENTS REQUESTED (\$1.00 PER PAGE)	# OF PAGES
1	
2	
3	
4	
☐ CERTIFICATION (\$5.00 PER DOCUMENT)	☐ NO CERTIFICATION REQUESTED
CUSTOMER'S NAME:	
ADDRESS:	PHONE#
CITY	ZIP CODE
PAYMENT METHOD:	
□ □ CHECK/MONEY ORDER (PAYABLE TO	O: STARR COUNTY CLERK)
CHECK ISSUED BY:	CHECK #:
□ □ CREDIT CARD	
I HEREBY AUTHORIZE THE STARR COUNT	Y CLERK TO CHANGE MY CREDIT CARD
TYPENUMBER	EXPIRATION
NAME ON CREDIT CARD	AUTHORIZED SIGNATURE
CREDIT CARD BILLING ADDRESS	
□ □ CASH	
NOTICE TO REQUESTING CUSTOMERS	
1 PAYMENT IS REQUIRED AT TIME OF REQUEST 2 A CONVENIENCE FEE FOR CREDIT CARDS PAYME	0 PGS WILL BE READY FOR PICK UP NEXT BUSINESS DAY SED ENVELOPE IS PROVIDED
FOR COUNTY	CLERK USE ONLY
TOTAL AMOUNT OF COPIES(\$1.00 p/page)	TOTAL DUE
# OF CERTIFIED COPIES(\$5.00 p/document)	RECEIPT #
SEARCH(\$5.00 p/search)	CLERK PROCESSING