



**Fax Express**  
 Charles Bacarisse, Harris County District Clerk  
 Criminal Customer Service Department  
 Fax Number 713-368-3946

To Be Completed By The Customer (Please Print):

STYLE: STATE OF TEXAS VS. \_\_\_\_\_ AKA \_\_\_\_\_

DOB<sup>1</sup>: \_\_\_\_\_ DEFENDANT'S SPN: \_\_\_\_\_ SOCIAL SECURITY NUMBER<sup>1</sup>: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ CRT. \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ CRT. \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ CRT. \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ CRT. \_\_\_\_\_

<sup>1</sup>If you do not know the case number or defendant's SPN number, we will need the defendant's Date of Birth and Social Security Number, for researching purposes. Please note a \$5.00 researching fees apply.

Need Copy Of (Please Check):

- JUDGMENT/SENTENCE  SEARCH WARRANT # \_\_\_\_\_
  - INFORMATION / INDICTMENT / COMPLAINT (charging instruments)
  - OTHER Please use 'ADDITIONAL INFORMATION' field below
  - BACKGROUND CHECK (Letter of Disposition)  MANUAL RECORD SEARCH (prior-1976) \_\_\_\_\_ year
- ADDITIONAL INFORMATION: \_\_\_\_\_ year  
 \_\_\_\_\_ year  
 \_\_\_\_\_ year

Copies should be: ( ) CERTIFIED or ( ) UNCERTIFIED

TYPE OF DELIVERY: ( ) Mail<sup>2</sup> ( ) Will Call Pick Up Date<sup>3</sup>: \_\_\_\_\_ ( ) Fax Express Return<sup>4</sup>

<sup>2</sup>Applicable Postage and Handling fees will be charged for delivery <sup>3</sup>Will Call orders must be picked up within 30 days from request  
<sup>4</sup>Fax Express delivery service applies to Uncertified Requests Only

CUSTOMER'S NAME (Please Print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CUSTOMER'S PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_ CUSTOMER'S FAX NUMBER: \_\_\_\_\_

I hereby authorize the Harris County District Clerk to charge to my credit card for payment of the services requested above:

CREDIT CARD TYPE: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ DATE OF EXPIRATION: \_\_\_\_\_

NAME PRINTED ON CREDIT CARD: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

CREDIT CARDHOLDER ADDRESS: \_\_\_\_\_

CREDIT CARDHOLDER CONTACT NUMBER: \_\_\_\_\_

**FOR DISTRICT CLERK'S OFFICE USE ONLY**

VOLUME/PAGE OF JUDGMENT \_\_\_\_\_ VOLUME/PAGE OF JUDGMENT \_\_\_\_\_

VOLUME/PAGE OF JUDGMENT \_\_\_\_\_ VOLUME/PAGE OF JUDGMENT \_\_\_\_\_

ORDER TAKEN BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

TRANSACTION NO: \_\_\_\_\_ TOTAL NUMBER PAGES/SCREENS: \_\_\_\_\_

RECIPT NO: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_