

DISTRICT COURT OF JOHNSON COUNTY, KANSAS  
REQUEST FOR RECORD INSPECTION OR FOR A COPY

PURSUANT TO OPEN RECORDS ACT K.S.A. 45-215 THROUGH 45-230

TO BE COMPLETED BY REQUESTOR, PRINT CLEARLY OR TYPE:

NAME: \_\_\_\_\_

BUSINESS ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby acknowledge that K.S.A. 45-230 provides: "No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale, any property or service to persons listed therein, any list of names and addresses contained therein, or derived from public records..." (Exceptions noted (1), (2), (3), (4) and (5))

I understand and acknowledge that a violation of this law can subject the violator to payment of a civil penalty set by the court not to exceed \$500 for each violation.

\_\_\_\_\_  
Signature Dated

RECORDS REQUESTED: (FOR COPY WORK FILL OUT ONE FORM PER CASE)

Case# \_\_\_\_\_ Case Caption \_\_\_\_\_

No.	File Stamp Date	Name of document	Certify (Y/N)	Authenticate (Y/N)	# of copies
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

FEES:

TO BE COMPLETED BY RECORDS CUSTODIAN:		
*per page rate	.50	_____
*certification (per document)	1.00	_____
*authentication (per document)	2.00	_____
*FAXED per page	2.50	_____
*PRE-AUTHORIZED STAFF RESEARCH	12.00	_____

**WE ACCEPT PAYMENT BY PERSONAL/CASHIER'S CHECKS & MONEY ORDERS FOR REQUESTS BY MAIL. CASH OR CREDIT CARDS ARE ALSO ACCEPTED IN THE OFFICE. PAYMENT MUST ACCOMPANY YOUR SIGNED REQUEST FORM. DO NOT SEND CASH THROUGH THE MAIL.**

TO BE COMPLETED BY RECORDS CUSTODIAN:

Requested \_\_\_/\_\_\_/\_\_\_ Received by: \_\_\_\_\_

Provided \_\_\_/\_\_\_/\_\_\_ Provided by: \_\_\_\_\_

TOTAL COSTS \$ \_\_\_\_\_

RECORDS MANAGEMENT DEPARTMENT  
CLERK OF THE DISTRICT COURT  
100 N. KANSAS AVENUE  
OLATHE, KANSAS 66061-3273  
PHONE: 913-715-3480 • FAX: 913-715-3481  
www.jococourts.org

RECEIPT NUMBER:  
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