



CITY OF HOUSTON

Municipal Courts Department



INFORMATION/ARCHIVES/REQUEST FORM

Requestor: _____

Date: _____

Requestor's Phone: _____

Time: _____

Original Complaint

Certified Copy Request

Charge for copies:	\$3.40 per first page of each use \$1.70 per each succeeding page
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DEFENDANT'S IDENTIFYING INFORMATION

Defendant's Name: _____
Last First M I

Address: _____

Date of Birth: _____

TDL: _____

Defendant's Phone #: _____

Cause No (s):

1. _____
2. _____
3. _____
4. _____

Offense Date:

1. _____
2. _____
3. _____
4. _____

Type of Offense: Traffic

Non-Traffic

Accepted By: _____

Date: _____

Acknowledgement of Receipt: _____

Date: _____

* Please note that a certified copy of the original complaint contains the following information: defendant's name, offense, description of the offense, plea, cause number, ticket number, and disposed date.