

**REQUEST FOR POTTER COUNTY FELONY RECORDS**

**TEXAS GOVERNMENT CODE § 51.318 Fees Due When Service Performed or Requested.**

(b) (3) for <b>searching</b> files or records to locate a cause when the docket number is not provided.	<b>\$5.00</b>
(4) for <b>searching</b> files or records to ascertain the existence of an instrument or record in the District clerk's office	<b>\$5.00</b>
(7) for a <b>certified</b> copy of a record, judgment, order, pleading, or paper on file or of record in the district clerk's office, including certificate and seal, for each page or part of a page	<b>\$1.00</b>
(8) for a <b>noncertified</b> copy, for each page or part of a page not to exceed \$1.00	<b>\$ .50</b>

**THESE FEES DUE PAYABLE TO POTTER COUNTY DISTRICT CLERK**

Return this form along with payment for the required fees. (Fees may be waived for Government Agencies)

This office accepts the following forms of payment:

- Money order
- Cashier's check (this office does not accept personal checks)
- Credit or debit card payment on-line at [www.certifiedpayments.net](http://www.certifiedpayments.net) (Bureau code: 8829887)
- If you are not sure how many pages are in the document, please submit a \$10 cost deposit for search and non-certified copies; or \$20 cost deposit for search and certified copies. All unused portions of cost deposits will be refunded by the Potter County Treasurer's Office in a separate envelope.

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**Record Search:**

Name(s) to be searched: \_\_\_\_\_

Date of Birth (if known will provide more accurate results): \_\_\_\_\_

Approximate date or year of offense (if known will provide more accurate results): \_\_\_\_\_

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**Copies:**

Case/cause number(s) (if known): \_\_\_\_\_

Name/type/description of document(s) to be copied: \_\_\_\_\_

Please specify how you would like copies to be returned:

- Certified copies (mailed back only) - \$1 per page + postage
- Non Certified copies (mailed back) - \$.50 per page + postage
- Faxed back (non-certified documents only) - \$1 per page
- Emailed back (non-certified documents only) - \$5 per document

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**Requesting person contact information:**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Payment ID # (if payment was made on-line): \_\_\_\_\_

Mailing address: \_\_\_\_\_ Email address: \_\_\_\_\_

**(Please be aware - our clerks are not authorized to make long distance phone calls)**