

CLINTON COUNTY REQUEST FOR ACCESS TO CASE RECORDS

NAME OF REQUESTER: _____ DATE OF REQUEST: _____

DAYTIME TELEPHONE#: (_____) _____ FAX #: (_____) _____

ADDRESS: _____

EMAIL: _____

Describe the case record(s) requested, including reference to any relevant party name(s), docket number(s), and filing date(s).

Please indicate below the basis of your request for access (check one).

_____ I hereby certify that I am a party to the matter; or

_____ I hereby certify that I am an attorney of record in the matter; or

_____ I request access for the following reason(s) (explain basis in detail and/or attach additional information):

The undersigned Requester hereby verifies that the information set forth above is true and correct and understands that this statement is made subject to the penalties of 18 Pa.C.S. Section 4904, related to unsworn falsification to authorities.

Signature of Requester

Date

(This original request form must be delivered to the applicable Records Custodian (Prothonotary/Clerk of Courts or Clerk of Orphans' Court), Clinton County Courthouse, 230 E. Water St., Lock Haven, PA 17745.)

This request for access is (circle one): GRANTED or DENIED

Signature of Records Custodian

Date

The undersigned Requester hereby requests Court review of the denial of access. **(This original request form must be delivered to the Office of the District Court Administrator (second floor, Clinton County Courthouse, 230 E. Water St, Lock Haven, PA 17745, no later than 10 calendar days from the date of the denial.)**

Signature of Requester

Date

The Court hereby _____ GRANTS the Requester's access to the entire case file; or

The Court hereby _____ DENIES the Requester's access; or

The Court hereby _____ DENIES the Requester's access, and a hearing is scheduled for the _____ day of _____, 20____, at _____ in Courtroom No. _____, Clinton County Courthouse, Williamsport, PA.

By Order of Court,

Date

Judge