



Glenda Poston
Clerk/Auditor/Recorder
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Court 208-267-5504
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BOUNDARY COUNTY

ESTIMATE / REQUEST FORM FOR COURT RECORDS

Requestor's Name: _____ Date: _____

Mailing Address: _____ Phone No. _____

Email Address: _____

Request for: Audio - MP3 on USB Flash Drive Documents Certified Documents

Preferred Delivery Method: Pick-Up Email Mail (additional postage fees apply)

Case No.: _____

Case Title: _____

Specific Documents Requested (with file dates) / Hearing Dates for Audio: _____

Reason for Request/Relation to the Case (Required on exempt, sealed or otherwise confidential cases / documents):

By submitting this judicial records request, I certify that I will not use the disclosed information for any illegal purposes.

Date: _____ Sign: _____

Clerk's Office Use Only Below Line

Judge Review Necessary

Request Granted for: Copies View Only Audio **OR** Request Denied

Judge's Comments:

Date: _____ Sign: _____

Action taken by (Deputy) Clerk:

Fees:

Identification Verified: Yes NA

Pages: _____ (\$1.00 /page) \$ _____

Certifications: _____ (\$1.00 per stamp) \$ _____

Audio: _____ (\$10 / Flash Drive) \$ _____

Date: _____

Total: \$ _____

Deputy Clerk

Total Fees Paid: \$ _____

NOTE: Pursuant to I.C. 74-102(10)(b), if the above request is for more than 100 pages, includes records from which nonpublic information must be deleted, or the request exceeds two person hours, an additional fee may be charged.