



## Municipal Court of Fort Valley

204 West Church Street  
Post Office Box 956  
Fort Valley, Georgia 31030  
478-825-8261

### REQUEST FOR COURT DOCUMENTS

Last Name/Alias: \_\_\_\_\_ First Name/Alias: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: ☐ Female ☐ Male SSN (last 4 digits): \_\_\_\_\_

Requestor (if not defendant): \_\_\_\_\_ Company/Law Firm: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Citation/Case Number: \_\_\_\_\_ Court Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_

	Citation/Case Number	Violation Date	Charge(s)	Document Requested
1				
2				
3				
4				

☐ Other (Please identify which documents are being requested): \_\_\_\_\_

☐ Certified Copy( with seal)

**Pick up:**

\$2.50 first page (\$0.50 additional page)

**Mail Fee:**

Additional fee based on page count

☐ on- Certified Copy:

**Pick up:**

\$1.00 per page

**Mail Fee:**

Additional fee based on page count

Delivery Method: ☐ Pick up ☐ Mail to: \_\_\_\_\_

Address

City, State,

Zip

**NOTE:** Make money order or business/Cashier's check payable to: **City of Fort Valley**. **Personal Checks will not be accepted.**

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Attorney for Defendant & Bar Number

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#### OFFICIAL MUNICIPAL COURT OF FORT VALLEY USE

Accepting Clerk: \_\_\_\_\_ File Date: \_\_\_\_\_