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## **(\*) REQUIRED FIELDS TO BE COMPLETED**

\* CAUSE NUMBER: \_\_\_\_\_

\* STYLE \_\_\_\_\_ VS \_\_\_\_\_

\* STATUS: PENDING \_\_\_\_\_ DISPOSED \_\_\_\_\_ # OF COPIES: \_\_\_\_\_

\* PLEASE SPECIFY: ( ) CERTIFIED ( ) UNCERTIFIED

( ) PARTIAL FILE ( ) WHOLE FILE

( ) CALL WHEN READY: Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\* ATTORNEY/PARTY REQUESTING: \_\_\_\_\_

\* DOCUMENT TITLE : **MUST BE COMPLETED TO PROCESS REQUEST**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF DEPUTY RECEIVING REQUEST \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ PAID \_\_\_\_\_

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