



Mesa Municipal Court | 250 E. 1st Ave Mesa, AZ 85210
Phone (480) 644-2255 | Fax (480) 644-2927 | mesaaz.gov/ecourt

COURT RECORD/AUDIO REQUEST

Pursuant to Rule 123, Rules of the Supreme Court of Arizona, all court records are open to the public unless they are marked "Closed" or "Confidential", which means that members of the public may not inspect, obtain copies of, or otherwise have access to such records unless authorized by law. Municipal Courts shall retain records according to the retention schedule set forth in the Arizona Code of Judicial Administration §4-302; records that have been purged within the guidelines of the retention schedule may not be available.

To locate our case number, visit the Court's website at www.mesaaz.gov/ecourt. You have the option to search by your name or case number. If you were unable to locate a case number, select the "No Record Found" Letter box, below.

Processing Time

- The Court processes records requests in the order they are received. Processing time is 1 to 4 weeks. A clerk will contact you when your request is ready. Completed requests will be discarded after 30 days if not picked up and a new request will be required.

Fees pursuant to A.R.S. §22-404

- \$17 Non-refundable Research Fee - Applicable to all requests and is based per case search. Must be paid when submitting record request. If payment is not received after 7 court business days, the request will be discarded and need to be resubmitted with payment.
- \$17 Certification Fee - **Per Certification**. Payment will be collected once request is ready.
- \$0.50 Copy Fee - Per page, if applicable. Payment will be collected once request is ready.
- Audio Fee - \$17.00 per audio CD. Not all court proceedings have audio recording available. Must be paid when submitting request for audio.

Payment Information

- The court accepts cash, check, money order, and credit or debit card payments using MasterCard, VISA, Discover, American Express or Novus.
- *Government Agencies* are exempt from mandated fees as long as the Court receives the request on official government letterhead.

Filing a Record/Audio Request Form

- Complete the form by providing all necessary information.
- Once completed, save the form. File it with the Court.
- *It is the filer's responsibility to ensure the form is filled out completely and the Court is in receipt of your filing.*

To file by e-mail:

Attach the completed request to CourtServices@mesaaz.gov
(Photos of the document will not be accepted.)

To file by fax:

Fax the completed request to (480) 644-2927

To file by mail:

Mesa Municipal Court
250 E. 1st. Ave.
Mesa, AZ 85210

To file in person:

Bring the completed request to the Court. The Court is open Monday through Thursday from 7:00am to 6:00pm. If the Court is closed, place the completed request in the drop box.



Mesa Municipal Court | 250 E. 1st Ave Mesa, AZ 85210
Phone (480) 644-2255 | Fax (480) 644-2927 | mesaaz.gov/ecourt

COURT RECORD/AUDIO REQUEST

<input type="checkbox"/> FILE VIEW ONLY \$17 Non-refundable Research Fee. View at the Courthouse between 7:30am and 5:30pm	<input type="checkbox"/> COPIES ONLY \$17 Non-refundable Research Fee. <i>Must be paid before the request is started.</i> Copy fee of \$0.50 per page is in addition to this fee.	<input type="checkbox"/> CERTIFICATION \$17.00 per Certification. Non-refundable Research Fee, and Copy Fee are in addition to this fee. NOTE: Certified requests must be picked up or mailed.	<input type="checkbox"/> AUDIO CD \$17 per Audio CD Court Date Requested _____
---	---	---	---

Delivery Preference (If no delivery method is marked, the Court will assume it is for pickup.)

☐ E-mail: _____

☐ Mail (Provide Address Below)

☐ Fax: _____

☐ In-person pickup (Provide Phone Number Below)

Plaintiff/Defendant Information

First Name	Middle	Last Name	DOB: (MM/DD/YYYY)	XXX-XX- Last 4 digits of SS#
------------	--------	-----------	-------------------	---------------------------------

Case(s) Information

Case Number / DR Number	Complaint Number	Date of Incident	Type of Charge
Case Number / DR Number	Complaint Number	Date of Incident	Type of Charge

Requestor's Information

Full Name: _____

Company (if applicable): _____

Address (Must provide if completed request is to be mailed): _____

City, State: _____ Zip Code: _____

Best Contact Number (Must provide if completed request will be picked up): _____
(Calls are only made during normal business hours)

☐ I certify the specific use of these documents is for personal non-commercial use. "Commercial use" means the use of a public record for sale or resale, or for solicitation.

By signing or by electronic submission, I acknowledge that payment must be paid in full prior to the Court releasing records.

☐ Spanish

☐ Other language: _____

Requestor Signature Date

FOR COURT STAFF USE: CS Initials: _____ Date: _____ Completed by initials: _____ Date: _____

Service	Amount Charged	Service	Amount Charged
Research Fee: \$17		Certification Fee: \$17 per case	
Copy Fee: (\$0.50 per page)		Audio CD: \$17 per CD	