

STATE OF RHODE ISLAND AND



PROVIDENCE PLANTATIONS

DISTRICT COURT

Request for Copy of District Court Proceedings

Fee \$10.00 per CD/TAPE

Date: _____

Request By: _____

Telephone Number: _____

Division Where The Hearing Was Held :

2 nd Division	()	3 rd Division	()
4 th Division	()	6 th Division	()

Name of Case: _____

Case ID: _____

Type of Hearing: _____ Date : _____

Judge: _____ Courtroom: _____

Is Case Expunged: Yes () No ()

Requests must be paid in full upon placing your order with the appropriate Clerk's Office where your case was heard.

Request Received By:

Date:
