

DENTON COUNTY DISTRICT CLERK FELONY CASE RECORD SEARCH

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Denton, TX 76209
Phone: 940-349-2200

www.dentoncounty.gov

P.O. Box 2146
Denton, TX 76202
FAX: 940-349-5754

EMAIL REQUEST TO: dcrecords@dentoncounty.com

Requestor:	Date:
Email:	Fax:
Address:	Phone:
City, State, Zip:	

Please allow up to 10 business days for your request to be completed and for Certificate to be mailed to you.

This is a felony case record search of the records held by the Denton County District Clerks Office only. This is not a comprehensive background check of all records held by Denton County, Texas, the State of Texas or the United States.

Date of Birth: _____ Driver's License#: _____

Please list the **FULL NAME** of the party subject of this request and any additional identifying information below that will assist this office with its search:

For office use only:

- **A current valid US Passport, State issued Identification Card or State issued Driver's License must be presented and a copy provided at the time of making your request.**
- Felony Case Record Search are **\$5.00** per search and per certificate. Payment can be made by cash, money order, or credit card (American Express, MasterCard, Visa and Discover). Credit card charges are subject to a **2.75%** transaction fee of the total amount charged (**\$1.00 minimum transaction**). Personal checks **are not** accepted.
- Documents sealed by order or statute will not be provided unless permitted by law.
- Your failure to provide the minimum identifying information (Your full name, date of birth, Driver's License Number and Issuing State or Social Security Number) will result in the rejection of your request. **_ THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. NOT COMPLETING THE FORM PROPERLY COULD KEEP YOUR REQUEST FROM BEING PROCESSED IN A TIMELY MANNER.**

Payment method:	<input type="checkbox"/> Cash/Money Order	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Name on credit card:		Account No.			
Amount Authorized Not to Exceed	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> Other \$	
Billing Address Zip Code:		Exp. Date: MM/YY		3 – digit Security Code:	
Printed & Signed Name of Authorized Person:					