

**ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net**



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$10.00 fee (**check or money order**). Enclose a self addressed stamped envelope for a return reply or e-mail address.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$10.00 fee (**check or money order**) . Your return envelope must be addressed with adequate postage, and the other envelope only needs the address of the person being checked or e-mail address for both.

Licensing

A request for licensing purposes and on another person requires a \$10.00 fee (**check or money order**) and must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked or e-mail address for both.

Government/EMS

Government entities must provide both envelopes mentioned above, a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request. Multiple inquires can be made on a continuation form or e-mail address for both.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUALS INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____
NAME: _____
MAIDEN NAME(S) AND/OR ALIAS: _____
DATE OF BIRTH: _____
STREET ADDRESS / P.O. BOX: _____
CITY, STATE, ZIP CODE: _____
E-MAIL ADDRESS: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS. 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - **if applicable**.

Individual's Signature	Date
Tax Exempt Number	E-mail address (sent to this e-mail only)
Company	Telephone Number
Requestor/Contact Person	Please denote which purpose applies to this request:
Address	<input type="checkbox"/> Employment
City, State, Zip	<input type="checkbox"/> Criminal Investigation
	<input type="checkbox"/> Screening Housing Applicants
	<input type="checkbox"/> Volunteer/Care over Juvenile
	<input type="checkbox"/> Licensing
	<input type="checkbox"/> Other (please explain) _____
Would you like the CourtNet Records e-mailed? <input type="checkbox"/> Yes <input type="checkbox"/> No	