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# 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 \$20.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

# Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$20.00 fee (check or money order) .

### Government

Government entities must provide a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request.

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 INDIVIDUAL'S INFORMATION **CLEARLY**.

Telephone Number  Requestor/Contact Person  Please denote which purpose applies to this request:  Employment  Criminal Investigation  Screening Housing Applicants	SOCIAL SECURITY NUMBER:	DLN:
DATE OF BIRTH:  STREET ADDRESS / P.O. BOX:  CITY, STATE, ZIP CODE:  I understand the information supplied by me must be truthful and falsification with an intent to mislead may res in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for recorprocessing and exemption of fees - if applicable.  * ALL INFORMATION BELOW IS REQUIRED.  Individual's Signature  Date  E-mail address (sent to this e-mail only)  Telephone Number  Requestor/Contact Person  Please denote which purpose applies to this request:  Employment  Company  Address  Criminal Investigation  Screening Housing Applicants	NAME:	
STREET ADDRESS / P.O. BOX:  CITY, STATE, ZIP CODE:  I understand the information supplied by me must be truthful and falsification with an intent to mislead may resin my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for reconcessing and exemption of fees - if applicable.  * ALL INFORMATION BELOW IS REQUIRED.  Individual's Signature  Date  E-mail address (sent to this e-mail only)  Telephone Number  Please denote which purpose applies to this request:    Employment	MAIDEN NAME(S) AND/OR ALIAS	
CITY, STATE, ZIP CODE:  I understand the information supplied by me must be truthful and falsification with an intent to mislead may resin my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for recognized processing and exemption of fees - if applicable.  * ALL INFORMATION BELOW IS REQUIRED.    Date	DATE OF BIRTH:	
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processing and exemption of fees - if applicable.  * ALL INFORMATION BELOW IS REQUIRED.  Individual's Signature  Date  Tax Exempt Number  Company  Requestor/Contact Person  Address  Address  Address  Criminal Investigation  Screening Housing Applicants	CITY, STATE, ZIP CODE:	
Telephone Number  Requestor/Contact Person  Please denote which purpose applies to this request:  Employment  Criminal Investigation  Screening Housing Applicants	ndividual's Signature	Date
Telephone Number  Requestor/Contact Person  Please denote which purpose applies to this request:  Employment  Criminal Investigation  Screening Housing Applicants	ndividual's Signature	
Requestor/Contact Person  Please denote which purpose applies to this request:  Employment  Criminal Investigation  Screening Housing Applicants	Tax Exempt Number	E-mail address (sent to this e-mail only)
Address   Employment  Criminal Investigation  Screening Housing Applicants	Company	Telephone Number
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Ulunteer/Care over Juvenile	•	
☐ Licensing	Address	Employment  Criminal Investigation  Screening Housing Applicants

Other (please explain)