



FAIRFAX COUNTY GENERAL DISTRICT COURT CIVIL DIVISION 4110 CHAIN BRIDGE ROAD FAIRFAX, VIRGINIA 22030 (703) 246-3012

Civil Division Copy Request Form

Please complete all information below. Copy requests totaling 10 pages or more are billed at .50 per page. A clerk will contact you regarding any fees owed for your request. **Copies will be made upon receipt of funds due.** If payment is not received within 30 days, your copy request will be discarded. Indicate if you would like to pick up your copies or have them mailed. **Please note that if you would like your copies mailed you will need to include a self-addressed stamped envelope.**

Request Date:				Case Number:
Docum	er	nts	requested:	
Reques	sti	ng		Phone:
Relatio	ons	shij	o to Case:	
Addres	SS:			
I]	I would like to pick	ıp my copies
I]	l would like my cop	es mailed to the address listed above
least 5 b	วนร	sine	ss days to process your	uest and pre-payment if required, please allow at request. If you have any further questions, please ay, 8:00am-3:30pm at 703-246-3012.
Request received by:				Date:

[] SASE attached [] Payment received (date/initials):

Civil Copy Request Form 1/23 civil share drive