

IN THE SUPERIOR COURT OF THE VIRGIN ISLANDS
DIVISION OF _____

REQUEST FOR CASE RECORD SEARCH

TO: ESTRELLA H. GEORGE
CLERK OF THE COURT

FROM: NAME: _____ (PRINT /TYPE)
ADDRESS: _____
EMAIL ADDRESS _____
PHONE: _____

The undersigned requests that the Court conduct a Search of its Case Records and issue and official Record Search report for the following individual: _____
.. Please report on the following (check all that apply):

_____ History of Criminal Cases: _____ History of Civil/Family Cases
_____ Currently pending cases
_____ History/Status of Specific case(s) (Provide Case number below)

YEAR (S) TO BE SEARCHED: _____ to _____
ARE CERTIFIED RECORDS REQUIRED? _____ YES _____ NO
FEE REMITTED: _____

(Please note the fees required for the length of time required to be searched. There are also additional fees for certified records)

CASE NUMBER(S): _____

METHOD OF DELIVERY: INDICATE HOW THE DOCUMENTATION IN RESPONSE TO THIS RESPONSE IS TO BE DELIVERED:

_____ To be picked up
_____ Mail to address indicated above
_____ Email to address provided

Signature: _____
Date: _____

***For criminal record searches, requests should also be made of the District Court of the Virgin Islands which, prior to 1994, had broader jurisdiction over serious offenses.*