

REQUESTOR INFORMATION:

Name: Rodney A. Stegemann	Prefer to be contacted by: Email
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Mailing Address: 909 Boren Avenue, Suite 603 **City & Zip Code** Seattle 98104

Phone: (206) 291-8468 **Email:** kiausau@me.com

COURT RECORDS/INFORMATION BEING REQUESTED: (please be specific and detailed/attach additional sheets if necessary)

For Court files, you must provide at least: a) a case number: 2A0593075 & 2A0593076 OR b) the person's full name: Deangelo Majed Arnett and date of birth: 01/27/1990, or C) the person's full name: _____ and WDOL# _____

2. Items requested (mark all that applies):

- Audio of Proceedings (\$10.00) Date(s) of hearing(s): _____
- Certified Copy of Judgment & Sentence (\$5.00) _____
- Certified Copy of Docket (\$5.00) _____
- Citation (0.15 page) _____

Other: Please list requested document below (10 pages or less = free of charge)

All written records regarding the two aforementioned cases for the named individual, as well as other written records for the same individual, if available.

- Non-certified Documents (0.15/page)
- Certified Documents (\$5.00 per certified document)

After fees have been paid, copies may be picked up at the court during regular business hours from 8:30 AM to 4:00 PM. If you cannot pick up your documents, please indicate your preferred delivery method (circle or highlight one): Mail / Fax / E-mail
Please email your request to: mc.munjcrt@cityoffederalway.com

Signature of Requestor 

Date of Request: March 20, 2023

Staff must advise the Supervisor, on or before day 5, if records are not able to be produced within five working days.

Day 1: _____ Day 2: _____ Day 3: _____ Day 4: _____ Day 5: _____

Was 5-Day Letter Sent? No Yes – Attach Copy New Due Date: _____

Notes: _____

This Request Was Satisfied/Date: _____

This Request Was Not Satisfied/Reason: _____

This Request Was Denied/Reason: _____

Court Representative: _____ **Number of Copies:** _____ **Fee:** \$ _____ (copy of receipt)