

Instructions for Requesting Records

The Anchorage Trial Courts cannot research a case or take requests about a case over the phone.

You may request copies or information from a court case file using the form on page 2. You may send your request by email or fax as noted below:

Customers located in Anchorage

Fax: (907) 264-0610

Email: 3ANRecordsRequest@akcourts.us

Customers outside of Anchorage

Fax: (907) 264-0873

Email: recordsfax@akcourts.us

Please complete the entire records request form. It is important that every section be filled out. If information is missing from your request, it may take longer to process.

The processing time for a normal request is 5 to 7 business days. Large requests or requests that require research may take longer to process. Prepayment may be required.

If your case number starts with "3AN", it is an Anchorage court case. If your case is not an Anchorage court case, then the Anchorage court does not have access to the files and cannot process the request. Your request must be sent to the particular court that has your case file.

Please be aware that if you do not provide a case number, an hourly research fee will be added to your invoice. To find a case number for a case from 1990 to the current date, please visit our website at www.courtrecords.alaska.gov.

Fees

Fee amounts can also be found in [Administrative Rule 9\(d\)](#).

Research fee	\$30 per hour. A minimum of one hour will be charged for research performed.
Plain copies	\$5 for the first document plus \$2 for each additional document.
Certified copies	\$10 per document charge plus \$2 for each additional certified copy of the SAME document. These documents must be mailed.
Exemplified copies	\$15. These documents must be mailed.
Authenticated copies	\$15. These documents must be mailed.

For an apostille, please contact the Office of the Lieutenant Governor.

Please indicate the type of copies you are requesting (plain, certified, exemplified, authenticated). If it is not specified in the request, plain copies will be sent to you.

In making your request, you acknowledge that we will charge you for the copies and services you request, and you agree to pay for them.

Alaska Court System

825 West 4th Avenue, Anchorage, AK 99501

Phone #: (907) 264-0491

www.courtrecords.alaska.gov

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Email: 3ANRecordsRequest@akcourts.us

Customers outside of Anchorage

Fax: (907) 264-0873

Email: recordsfax@akcourts.us

Records Request

Requestor's Name: _____

Requestor's Agency: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Mailing Address: _____

Case Name: _____

Case Number: _____

Make sure to give us the case number or we will need to charge an hourly research fee to find it. You can find the case number yourself by searching our website at www.courtrecords.alaska.gov.

DOCUMENTS NEEDED FROM CASE FILE

- | | |
|--|--|
| <input type="checkbox"/> Petition, Complaint, Charging Documents | <input type="checkbox"/> Judgment |
| <input type="checkbox"/> Decree: Dissolution/Divorce | <input type="checkbox"/> Findings of Fact and Conclusions of Law |
| <input type="checkbox"/> Qualified Domestic Relations Order (QDRO) | <input type="checkbox"/> Dismissal |
| <input type="checkbox"/> Satisfaction of Judgment | <input type="checkbox"/> Log Notes Dated: _____ |
| <input type="checkbox"/> Motion: _____ | |
| <input type="checkbox"/> Order: _____ | |
| <input type="checkbox"/> Other Document: _____ | |
| <input type="checkbox"/> All Documents in Case File | |

Send documents to me by: E-Mail US Mail Fax

FEES – You acknowledge that we will charge you for the copies and services you request, and you agree to pay for them. For more information about fees, see page 1. Select the type of copies or service you want below. If you do not tell us the type of copies you want, we will send plain copies.

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Plain Copies | <input type="checkbox"/> Certified Copies | <input type="checkbox"/> Research Fee |
| <input type="checkbox"/> Exemplified Copies | <input type="checkbox"/> Authenticated Copies | |

PAYMENT METHOD – Select your method of payment below. If you select online payment, we will e-mail an invoice with instructions to the e-mail address above.

- | | | |
|---|--|--|
| <input type="checkbox"/> Online (credit card) | <input type="checkbox"/> Mail (check, money order) | <input type="checkbox"/> In Person (cash, check, money order, credit card) |
|---|--|--|

Court Use Only: Date Received: _____ Amount Due: _____ Court Receipt: _____ Received By: _____ Processed on: _____
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