



Civil Record Report Form

Supplied Information	Information Found on Record	MATCHED
Name _____	Name _____	<input type="checkbox"/> Confirmed
DOB _____	DOB _____	<input type="checkbox"/> Confirmed
SSN _____	SSN _____	<input type="checkbox"/> Confirmed
Address _____	Address _____	<input type="checkbox"/> Confirmed
DL # _____	DL# _____	<input type="checkbox"/> Confirmed
Is this record found under an AKA <input type="checkbox"/> Yes	List AKA _____	<input type="checkbox"/> Confirmed

County: _____ **State:** _____

Court: Upper Court Lower Court Other **Is this case open or still pending?** Yes

Case Number _____

File Date _____ **Disposition Date** _____

Case Type: _____

Style of Case: _____

Amount: _____

Plaintiff: _____

Judgement: _____

Judgement Satisfied? Yes No

Notes:

Record # _____ **Of #** _____ **Additional Cost** \$ _____

All Records faxed to this office must be on DDI forms. WRITE LEGIBLY PLEASE

FAX NUMBERS: (866) 431-1541 or (859) 392-8466

We will retain this report for future comparison. Please be sure to include the request list along with this record

Researcher Signature: _____