Justice of the Peace Court

Interim Procedures for Requesting Access to Court Records:

Requests to inspect or obtain copies of court records that are open to the public may be made to the court in writing. This may be done by submitting a request in person, by fax or by email. Requests related to criminal matters may be made at any Justice of the Peace criminal court location. Requests related to a civil matter may be made at any Justice of the Peace civil court location. Information regarding Justice of the Peace Court cases is available from any Justice of the Peace Court location with the exception of search warrant information, which is physically maintained only at the court from which it was issued.

The following process shall be followed for all requests:

- An <u>Application for Access to Court Records</u> form is required for all requests. A copy of this application is available online at courts.delaware.gov/forms.
- When sending a request by email, the request MUST be sent to the court's general email address and not to a specific clerk.
- The email address for each court follows the format JPCourt##@state.de.us where ## equals the number of the court. i.e., JPCourt11@state.de.us.
- The court currently charges 25 cents per page for copy requests. There are two options for making payment:
 - o Pay in person at a Justice of the Peace Court location. Payment can be cash or check.
 - Pay on account. Create a Media Account by completing the MEDIA COPY REQUEST AND BILLING ACCOUNT FORM (see attached, download from the Justice of the Peace Court web site or request a copy from the court). The agency will be billed for all copies by the Justice of the Peace Administration Office quarterly.
 - o Please note Credit card payments are not accepted at this time for copies.
- Copies of Execution reports are only available at the 24 hour court locations (Court 11, Court 7 and Court 3).

The custodian of records for the Justice of the Peace courts will respond to a request for examination or copies of public records as promptly as practicable. The preparation of this information for public viewing requires the staff to redact the record to ensure that no personal identifying information is visible. The court's response time will vary depending on when the request is sent, the number of staff the court has available and how busy the court is at that time. It is the court's policy to handle these requests in a timely matter as the situation allows. (See Justice of the Peace Court Policy Directive #250 for more information on public access to records.)

Attachments:

- Application for Access to Court Records
- Media Copy Request and Billing Account Form

JUSTICE OF THE PEACE COURTS FOR THE STATE OF DELAWARE

Media Copy Request and Billing Account Form

Date:		<u></u>	
Media Company N	ame:		
Billing Contact Pers	son:		
Billing Address:			
Phone Number: _			 · · · · · · · · · · · · · · · · · · ·

Fax or E-Mail completed form to the appropriate court when requesting copies if your company does not already have an established media account.

APPLICATION FOR ACCESS TO COURT RECORDS

NOTICE TO APPLICANT:

This application will be processed and evaluated in accordance with the Justice of the Peace Court's policy for public access to judicial records. The applicant agrees to indemnify and hold harmless the court and its officers and employees from any claim for damages that may arise from the applicant's use or distribution of the information provided pursuant to this application.

The applicant shall be responsible for the costs incurred in responding to this request.

Agency/Company Name (If application	able):				
Name:(First-Middle-Last) Address:	Daytime Telephone:(First-Middle-Last)				
	State:	Zip:			
Describe Information Requested:					
For civil case information: Ple date of the case (if possible).	ease provide litigants' names, .	JP Court number, and the approximate			
For criminal case information: If date of arrest, JP Court number, c		full name, date of birth, approximate fpossible).			
☐ (Attach Additional Pages as Red	quired)				
CHECK ONE: DISPOSIT	ΓΟΝ: CERTIFIED C	OPY OTHER			
Applicant Signature:		Date:			
	person By Facsimile -Mail:	Fax Number ()			
		e will attempt to accommodate you e can provide the information by the			