

**Justice of the Peace, Pct. 2  
Johnson County, Texas  
Request for Disclosure of Judicial Records**

**(PLEASE PRINT OR TYPE ALL INFORMATION BELOW)**

In accordance with the provisions of Rule 12 of the Rules of Judicial Administration, a request to inspect or copy a judicial record must be in writing and must include sufficient information to reasonably identify the record requested. The request must be addressed to the Records Custodian and not to a court clerk or other agent for the Records Custodian. By your signature below, you are submitting to the Judge of the Johnson County, Justice of the Peace, Pct. 2 Court a request for access to the judicial record identified below.

*The records Custodian has up to 14 days from the date of your request within which to respond to this request.*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_ Email:\_ -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the records you are requesting. Be very specific.

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Date of Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OFFICIAL USE ONLY**

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| REQUIRES REVIEW BY JUDGE 🞎Yes 🞎No Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Returned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved: 🞎Yes 🞎No  Date Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Processed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Released By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fees (if applicable)$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | REQUIRES REVIEW BY ATTORNEY 🞎Yes 🞎No Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Returned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved: 🞎Yes 🞎No  Date Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Processed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Released By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fees (if applicable)$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | REQUIRES REVIEW BY ATTY GENERAL 🞎Yes 🞎No Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Returned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved: 🞎Yes 🞎No  Date Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Processed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Released By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fees (if applicable)$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |