

## Madison County Copy Request

Upon FULL Completion of Form - Submit Below

You will be notified of the cost for the copies prior to your request being completed.

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
ADDRESS 1

\_\_\_\_\_  
ADDRESS 2

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
EMAIL

**CASE INFORMATION:**

\_\_\_\_\_  
YEAR

\_\_\_\_\_  
TYPE

\_\_\_\_\_  
NUMBER

\_\_\_\_\_  
PLAINTIFF

\_\_\_\_\_  
DEFENDANT

\_\_\_\_\_  
CHARGE (IF FELONY CASE)

**YOUR REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Click **SUBMIT**  
Page will be Emailed To  
Appropriate Circuit Clerk Staff

**NOTE:** When **SUBMIT** button is clicked, your email client should open with this form attached ready for you to send.

If **SUBMIT** button is clicked and it appears nothing has happened, then you are using an unsupported browser/pdf viewer. **Google Chrome is not currently supported for using the "SUBMIT" button on this form.** Therefore, please **perform the following:**

**SAVE** the filled-in form to your computer and **email as an attachment** to: **circlkcopies@co.madison.il.us**