



BONNEVILLE COUNTY DISTRICT COURT

605 N. Capital Ave, Idaho Falls, ID 83402

Phone: (208) 529-1350 Ext. 1359

Email: CourtArchives@bonneville.idcourts.gov

OFFICE USE ONLY

Date/Time Received: _____

Received By: _____

Date/Time To Custodian: _____

COURT RECORD REQUEST Idaho Court Administrative Rule (ICAR) 32

Name: _____ Phone: _____

Mailing Address: _____
Street City/State Zip Code

Email Address: _____

I am requesting: ☐ Copies out of the file, including: ☐ Document(s) ☐ Audio Recording(s)
☐ To examine records (no copies)

Court Case Number(s): _____

Please **fully describe** the information you are requesting. Please be as specific as possible and **include document name(s)**, if known: _____

Signature: _____ Date/time: _____

RESPONSE

☐ REQUEST GRANTED

The requested record is ☐ attached or ☐ available.

☐ Contact the custodian listed below to arrange a time to examine the documents.

☐ Advance Payment Required:

☐ The request includes ____ pages; ____ certifications; ____ audio recordings for a total of \$____, to be paid in advance.

FEES: \$1.00 per page for paper copy. \$1.00 per seal to certify a document.

☐ RESPONSE DELAYED

Additional time, **up to 10 working days** from the date of your request, is necessary to locate or retrieve the requested record.

☐ NOTICE OF DENIAL

The requested record is exempt from disclosure pursuant to ICAR 32.

☐ NOTICE OF PARTIAL DENIAL

Your request has been partially denied. Certain information has been determined to be exempt from disclosure pursuant to ICAR 32 and has been redacted from the requested record.

☐ **NOT THE CUSTODIAN** of the record(s) you requested.

COMMENTS

Signature: _____ Printed Name: _____

Department: _____ Phone: _____ Date/time: _____

ICAR 32 NOTICE: IF YOUR REQUEST IS DENIED, YOU MAY REQUEST A RULING BY THE CUSTODIAN JUDGE.
IF THE CUSTODIAN JUDGE DENIES YOUR REQUEST, YOU MAY FILE AN ACTION IN THE DISTRICT COURT.