

ADMINISTRATIVE OFFICE OF THE COURTS  
PRETRIAL SERVICES RECORDS DIVISION  
100 MILLCREEK PARK  
FRANKFORT, KENTUCKY 40601  
502-573-1682 or 800-928-6381



Print    Reset Form    Submit Form

pretrialrecords@kycourts.net

The process to obtain the information contained in the CourtNet Disposition System is as follows:

- Individuals**      Requesting a record on yourself requires a \$10.00 fee (**check or money order**). Enclose a self addressed stamped envelope for a return reply.
- Nonprofit**      Requesting a record on individuals requires a \$10.00 fee (**check or money order**) and your nonprofit number (Form #51-A-126). Your return envelope must be addressed with adequate postage, and the other envelope only needs the address of the person being checked.
- Health Care Housing Auth.**
- Licensing/ Others**      A request for licensing purposes and on another person requires a \$10.00 fee (**check or money order**) and must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked.
- Government**      Government entities must provide both envelopes mentioned above, a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request. Multiple inquires can be made on a continuation form.

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services Records Division at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MAIDEN OR ALIAS NAMES: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS. 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

\_\_\_\_\_  
Individual's Signature  
61-0858140  
Non-Profit Number (Form 51-A-126), or Tax Exempt Number

\_\_\_\_\_  
Date  
donna@lexingtonky.gov  
E-mail address(sent to this e-mail only)

Would you like the CourtNet Records e-mailed?  Yes  No

LFUCG-Community Corrections  
\_\_\_\_\_  
Company  
\_\_\_\_\_  
Requestor/Contact Person  
600 Old Frankfort Circle  
\_\_\_\_\_  
Address  
Lexington      Kentucky      40510  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number  
Please denote which purpose applies to this request:  
 Employment  
 Criminal Investigation  
 Screening Housing Applicants  
 Volunteer/Care over Juvenile  
 Licensing  
 Other (please explain) \_\_\_\_\_