



Galveston Division

Phone: 406-766-3530

Galveston_Operation@txs.uscourts.gov

Fax: 409-766-3549

Copy Request Form and Credit Card Authorization

Date:			
Requestor's Name/Firm:			
Address:			
Phone:			
Case Number:			Case Name:
Documents Requested (Please include Docket Entry #, if known):			
Do you require certified copies?		How many copies do you need?	
Yes No			
Name Search Requested: _____			
	Bankruptcy	Civil	Criminal
Form of Payment:	Check	Money Order	Credit Card*
Card Information:	Visa	Master Card	American Express Discover
Card Number:_____	Expiration Date:_____	CVC#:_____	Zip Code:_____
Signature of Card Holder: _____			
Cardholder name: _____ (if different from the person requesting copies			
*Credit Card requests MUST be faxed to (409) 766-3549 and will not be accepted via Email.			
Please send documents via: Pick-up Mail			
E Mail*:_____		Fax***:_____	
Shipping Provider and Account Number:_____			
*Documents requested must be less than 3 megabytes. **Document must be 25 pages or less.			