



**Victoria Division**

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**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)			
<b>*Credit Card requests MUST be faxed to (361) 788-5045 and will not be accepted via Email.</b>			
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.			