

# IN THE MUNICIPAL COURT OF EMPORIA, KS

ADDRESS: PO BOX 928, EMPORIA, KS 66801

PHONE: (620) 343-5666 | FAX: (620) 343-5676

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## OPEN RECORDS ACT OFFICE PROCEDURES

**Hours:** 8:00 AM – 4:00 PM (Monday – Thursday)

8:00AM – 2:00 PM (Friday)

Holidays excluded

**Access:** A record request must be made in writing and shall be directed to a custodian of records. The attached *Request for Record Inspection or For a Copy* form shall be completed. For each case requested, a new request form shall be filled out except if only requesting a Court Record Report. The Director of Court Services is designated as custodian of records for the purposes of the Open Records Act. No court employee may conduct a search which requires making a legal determination.

**Fees:** Record search fees are authorized by state law and have been established by the Kansas Supreme Court. The following fees have been set to compensate for the actual costs in honoring your request and payment will be required prior to fulfilling the request.

- **Entire Record: \$.50 per page (plus research fee)**
- **Disposition: \$.50 per page (plus research fee)**
- **Case Summary: \$1.00 per case (no research fee)**
- **Court Record Report: no fee**
- **Clerical Research Fees: \$15.00 / hour prorated by quarter hour.**

**Confidential Records:** Pursuant to K.S.A. 45-221 et. seq., certain court records are confidential and are excepted from public examination. The disclosure of these records are specifically prohibited or restricted by federal law, state law, or Supreme Court Rule. The following types of records are examples that are confidential and shall not be disclosed:

- Expunged criminal records, including expunged diversions;
- Mental illness, alcohol, and drug abuse treatment records;
- Unserved arrest warrants;
- Affidavits in support of the issuance of an arrest warrant;
- Certain employee personnel records;
- Medical records;
- Psychiatric and psychological records;
- Alcoholism and drug dependency records;
- Records that reveal the name, address, phone number or any other information for a victim of any sexual offense;
- Information that would reveal the location or shelter of safehouse where persons are provided protection from abuse; and
- The name, address, location or other contact information of alleged victim of stalking, domestic violence or sexual assault.

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## REQUEST FOR RECORD INSPECTION OR FOR A COPY

### REQUESTER INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

### DEFENDANT INFORMATION

Name: \_\_\_\_\_ Alias: \_\_\_\_\_ DOB: \_\_\_\_\_

Case Number: \_\_\_\_\_ Charge(s): \_\_\_\_\_

Records Sought:  Entire Record  Disposition  Case Summary  Court Record Report

Other (please describe): \_\_\_\_\_

### RECORDS SOUGHT INFORMATION & FEES

**Entire Record (\$1.00 per page + research fee):** copy of all non-confidential documents within the court file.

**Disposition (\$1.00 per page + research fee):** copy of the citation/ticket, waiver of counsel, and journal entry of conviction and/or diversion agreement.

**Case Summary (\$1.00 per page):** a printout of the actions taken in the case including the case number, charge(s), date of offense, court finding, and sentencing information.

**Court Record Report (no fee):** a printout that shows the following information on all cases filed: case number, charge(s), date of offense, court finding, plea, disposition date, total amount of fees ordered, and remaining balance.

I certify that I do not intend to, and will not: (A) use any list of names or addresses contained in or derived from the records or information requested for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (B) sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed. See K.S.A. 45-220(c)(2); K.S.A. 45-230.

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

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### FOR OFFICE USE ONLY

Received By: \_\_\_\_\_ Method of Transfer:  Email  Fax  Mail  In Person