



**DELIA BRIONES
COUNTY CLERK**

500 E. San Antonio Suite 105

El Paso, Texas 79901

(915) 273-3532

CountyClerk@epcounty.com

Requester Information

First Name	Last Name
Company/Agency (If Applicable)	Phone Number

Delivery Method

☐ **MAIL** Address: _____

☐ **EMAIL** Email Address: _____

Case Number

****If a case number is not provided a \$5.00 search fee will apply.**

A certified copy is a photocopy of the primary document in its true and correct form, which contains an endorsement by the deputy clerk.

Do you need certified copies of the documents? **NO** ☐ **YES** ☐

Defendant Information

Full Name	Date of Birth
Additional Name or Last Name (\$5.00 additional charge per name)	Social Security Number

Requested Document(s)

- ☐ Complaint Affidavit/ Indictment/ Charging Instrument
- ☐ Plea Agreement / Waivers
- ☐ Final Judgement / Dismissal
- ☐ Other: _____
(Must specify title of document.)
- ☐ Background Letter - \$6.00

Pursuant to the Local Government Code all possible fees are as follows:

SEARCH FEE WHEN DOCKET NUMBER NOT PROVIDED §118.011,(c) LGC	\$ 5.00
CERTIFICATION OF ANY DOCUMENT §118.011,(3) LGC	\$ 5.00
BACKGROUND SEARCH LETTER §118.011,(c) LGC	\$ 6.00
COPIES OF ANY INSTRUMENT (PER PAGE) §118.011,(c) LGC	\$ 1.00

Please note all case records are available free of charge on our County Website at:

<http://casesearch.epcounty.com/PublicAccess/default.aspx>

Payments are required before documentation can be provided.

If you would like to proceed with the request, please respond to this email with the following debit/credit card information:

Name on Card:

Debit/Credit Card Number:

Expiration:

CVV:

Billing Zip Code:

Phone Number:

An additional 2.19% Credit Card Convenience Fee/\$2.95 Debit Card Convenience Fee will be added to your total. If your payment is not honored for any reason, the county may assess a service charge in addition to the original payment amount.
-LGC §132.004

Payments (business check/money order/ cashier's check) may also be mailed to the El Paso County Clerk's Office using the address below.

Please note, if no payment is received within 10 days, your request will be considered closed.

It may take up to 48 hours to process your request.

***** IF YOUR OFFICE HAS A STATUE TO WAIVE THESE FEES, PLEASE REPLY TO THE EMAIL WITH THE STATUE. IF NOT, PLEASE REPLY, SAYING YOU AGREE TO THE ESTIMATED CHARGES ABOVE. *****

***** IF YOUR REQUEST IS PERTAINING TO AN OPEN INVESTIGATION, PLEASE SUBMIT A LETTER ON LETTERHEAD INDICATING THE TYPE OF INVESTIGATION, ALONG WITH A CASE NUMBER. *****