


OFFICE OF THE GARY CITY CLERK
 SUZETTE RAGGS – GARY CITY CLERK
 ♦ ♦ ♦ CIVIL DIVISION ♦ ♦ ♦

REQUEST FOR DEFENDANT INFORMATION

NAME OF DEFENDANT: _____

CAUSE NUMBER(S): _____

INFORMATION REQUESTED

NAME/AGENCY REQUESTING INFORMATION

TITLE (If applicable)

ADDRESS

CONTACT TELEPHONE NUMBER

REASON FOR REQUEST

DATE

Please check appropriate box: (To be completed by Gary City Clerk personnel only)

- ATTACHED IS THE DOCUMENTATION OF RECORD.
- CIVIL RECORD(S) OF THE ABOVE-NAMED SUBJECT IS NOT LISTED IN OUR COMPUTER SYSTEM.

SIGN OUT DOCUMENTS	TIME	SIGN IN DOCUMENTS	TIME

DEPUTY CLERK

DATE