

Madison County Copy Request

Upon FULL Completion of Form - Submit Below

You will be notified of the cost for the copies prior to your request being completed.

FULL NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

EMAIL

CASE INFORMATION:

YEAR

TYPE

NUMBER

PLAINTIFF

DEFENDANT

CHARGE (IF FELONY CASE)

YOUR REQUEST:

Click **SUBMIT**
Page will be Emailed To
Appropriate Circuit Clerk Staff

NOTE: When **SUBMIT** button is clicked, your email client should open with this form attached ready for you to send.

If **SUBMIT** button is clicked and it appears nothing has happened, then you are using an unsupported browser/pdf viewer. **Google Chrome is not currently supported for using the "SUBMIT" button on this form.** Therefore, please **perform the following:**

SAVE the filled-in form to your computer and **email as an attachment** to: **circlkcopies@co.madison.il.us**