



First Judicial District of Pennsylvania
ATTORNEY VERIFICATION FOR RELEASE OF
SECURE DOCKET INFORMATION

FIRST NAME OF DEFENDANT/PARTY	MIDDLE NAME	LAST NAME	DATE OF BIRTH
DEFENDANT'S/PARTY'S CURRENT ADDRESS			EMAIL ADDRESS
CITY:	STATE:	ZIP CODE:	
SID NUMBER (IF KNOWN)	PHONE NUMBER	CELL PHONE NUMBER	PID (IF KNOWN)
SOCIAL SECURITY NUMBER XXX-XX-_____			
LIST CASE NUMBERS AND ANY ALIASES USED (Attach additional pages if necessary)			
<p>I verify that I have been retained by the above-named person to represent them in connection with the above listed open matters in Philadelphia County and have entered my appearance in each of the above matters. I request that the First Judicial District of Pennsylvania provide me with copies of Secure Court Summaries and Secure Docket Sheets in the above listed open matters and closed cases to assist with the representation of my client.</p> <p>I verify that any Secure Docket or Secure Court Summary received in connection with this request will NOT be provided to my client, NOT made public, and NOT used for any purpose other than representation of my client in the above case(s). I understand that Secure Dockets and Secure Court Summaries contain confidential information, including but not limited to information about complainants, police officers, and case comments. I verify that any confidential information contained on the Secure Dockets received pursuant to this request will NOT be provided to my client, NOT made public, and NOT used for any purpose other than representation of my client in the above case(s).</p> <p>I verify that my statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.</p>			
_____ SIGNATURE OF REQUESTING ATTORNEY			DATE _____
LAW FIRM NAME			
ATTORNEY'S FIRST NAME	ATTORNEY'S MIDDLE NAME	ATTORNEY'S LAST NAME	PA SUPREME COURT ID NO.
ATTORNEY'S EMAIL ADDRESS:			PHONE NO.
LAW FIRM-ATTORNEY'S ADDRESS			
CITY	STATE	ZIP CODE	
FOR COURT USE ONLY			
# of pages: _____			

RELEASE OF SECURE DOCKET INFORMATION

The *Attorney Verification for Release of Secure Docket Information* may be utilized for the sole purpose of providing a Defendant's/Party's Secure Docket and Court Summary to their Attorney, as provided in the *Verification*.

The *Verification* will be accepted provided that:

- (1) The Defendant's Attorney, on behalf of the attorney or the attorney's Law Firm, fully completes and signs the *Verification*.
- (2) The original or a copy of the signed *Verification* is delivered as follows:
 - (a) For Criminal Cases, Office of Judicial Records, Room 310, Justice Juanita Kidd Stout Center for Criminal Justice, 1301 Filbert Street, Philadelphia, PA. 19107.
Email address: OJR_Criminal@courts.phila.gov.
For additional information call: 215-683-7706.
 - (b) For Family Division Juvenile and Delinquency Cases, to the Office of Judicial Records, 1501 Arch Street – 11th Floor, Philadelphia, PA 19102.
For additional information call: (215) 686-4116.

As soon as practicable upon receipt of the *Verification*, a search for the requested information will be undertaken and once an Entry of Appearance has been confirmed, the *Verification* will be docketed and scanned to the First Judicial District's Document Management System.

The Attorney will be provided a copy of the "Secure Docket" and a copy of the "Court Summary" for the cases requested.