

STATEWIDE NO FEE RECORD RECORD SEARCH REQUEST FORM

NOTE: To assist with your request please complete this form. All fees must be paid prior to searches. Searches will be done as timely as possible to maintain proper service for everyone. E-mail is the preferred method for submission and response. **Any criminal search will require a full name and DOB.**

Requesting Agency Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Indicate the search criteria:

Statewide Criminal ☐ Statewide Civil ☐ Statewide All Case Types (Criminal & Civil) ☐

| Last Name | First Name | Middle | DOB |
|-----------|------------|--------|-----|
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Business Name: _____

REQUEST FOR WAIVER FEES

I hereby certify I meet one of the following exemptions and am not required to pay a fee: *(check one)*

☐ I am named as a party in the South Dakota action(s) or South Dakota case file(s) that I am requesting access to or I am the legal representative to the party.

☐ A qualified agency of:

☐ State of South Dakota, its officers, boards, agencies, commissions, or political subdivisions.

Name of Agency: _____

☐ Officers, boards, agencies, commissions of a city, county, the federal government or a foreign including Indian tribes.

Name of Agency: _____

- ☐ Any Federal Agency having law enforcement or investigatory duties under federal law and presiding a valid ORI with the request for information. Federal law enforcement and investigatory agencies with ORI numbers include, but are not limited to:
- FBI
 - Bureau of Alcohol, Tobacco and Firearms
 - Secret Service
 - Military Investigative Services

ORI #: _____

Under penalty of law, I hereby certify the information provided on the Request for Waiver to be true and correct. If you do not include the following signature a search fee must accompany this request.

Signature Date