

**PERSONAL INFORMATION REQUEST FORM (PIRF)**

**NO PERSONAL INFORMATION WILL BE RELEASED  
ON ANY CASE THAT IS MARKED CONFIDENTIAL**

**DATE OF REQUEST:** \_\_\_\_\_

**REQUESTED BY (YOUR NAME):** \_\_\_\_\_

**YOU ARE (CHECK ONE):**      **PLAINTIFF** \_\_\_\_\_      **DEFENDANT** \_\_\_\_\_  
**PLAINTIFF'S ATTORNEY** \_\_\_\_\_      **DEFENDANT'S ATTORNEY** \_\_\_\_\_  
**AGENCY** \_\_\_\_\_      **OTHER** \_\_\_\_\_

**YOUR DAYTIME PHONE NO:** \_\_\_\_\_

**CASE INFORMATION:**

**DOCKET NO.** \_\_\_\_\_ **PACSES NO.** \_\_\_\_\_

**INFORMATION YOU ARE REQUESTING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR YOUR REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\*\*\*\*\*

*(FOR DRO USE ONLY)*

**APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_ **(initials)**

**REQUESTOR NOTIFIED ON:** \_\_\_\_\_ **(Date)**