Commonwealth of Puerto Rico GENERAL COURT OF JUSTICE Office of Court Administration

DOCUMENT SERVICE REQUEST

FOR USE BY THE GENERAL COURT OF JUSTICE AND ITS ADMINISTRATIVE DIVISIONS										
Court of First Instance, Superior Court of Court Request No.:										
☐ Municipal Court of										
Personal Via postal service	lialion	Central Archives Request No.:								
Uia fax Via telephone Via email Date (month/day/year):										
Name of Requestor: Service requested:										
		Certified copy								
2. Address:		Certified copy to be sent to the Bureau of Translations								
		☐ Other (specify): 6. Number of copies requested:								
Zip Code: 3. Telephone *: ()	.	7. If requested for official use by a government agency,								
4. Email:	-	specify the name of the agency:								
specify the harme of the agency.										
	Case I	NFORMATION								
8. Court or administrative division:	9. Matter	THE OTHER PROPERTY.		10 Case	number(s):					
Supreme Court	Civil			10. 0400	110111001(0).					
Court of Appeals	☐ Famil	ly		-	_					
Court of First Instance	Cond	lemnation								
☐ Superior Court ☐ Municipal Court ☐ Criminal										
District Subsection	Traffi									
Office of Court Administration	Other	r:								
Other: (specify)				-						
(Opeony)	-									
Court or Courtroom		(specify)		-						
11. Parties to the case(s):	d :									
	U Judgi									
DI-intiff	Reso									
Plaintiff	☐ Crimi	nal complaint								
V.		·								
				13.						
Defendant		(specify)		Signature of Requestor						
	FOR INTE	RNAL USE ONLY								
14. Documents in custody of:	15. Reque	est processed by:			16. Date:					
☐ Active Records ☐ Inactive Records										
Central Archives					(month/day/year)					
17. Location: 18. Microfilm or di	gital copy:	☐ Yes ☐ No	19. O	BSERVAT	IONS:					
Roll No.										
	RETU	RN SERVICE								
20. To process your request, please subr	nit the follo									
☐ Plaintiff's complete name		=		case was h	eard					
☐ Defendant's complete name ☐ Other:		☐ Case n ☐ Year	umber							
☐ Otner: ☐ Year ☐ Internal Revenue Stamps										
			mount of	-	(see itemization)					
Return this form with the information requ		s not received with	nin the ne	ext 15 days,	your request will be					
closed, and you must submit a new reque	st.									
Name of Authorized Officer	<u> </u>	Signature of Auth	orized O	fficer	Date (month/day/year)					
21. FEES:	22 1	Request	23. Re		24. Date:					
21.1 220.		completed by:		sed by:	27. Date.					
Presented Canceled	_ `	, , ,		,						
	_				(month/day/year)					
Affixed Returned										
25. Authorization by Supervisor: Grant	ed 🗌 Denie	ed								
26. Name of Supervisor 27. Signature of Supervisor										
26. Name of Supervisor			27. Sigr	nature of Su	pervisor					

^{*}When the number provided is long distance, the Clerk of the Court or the Document Administration Area may call collect.

ITEMIZATION OF INTERNAL REVENUE STAMPS										
Date of Receipt (m/d/y)	Amount	U	Jnit	Value		Identification Number	Security saper	regular letter size paper size paper s 7 % % % % % % 11"	Digital stamp on the mobile app	Date Canceled (m/d/y)
Notice: Please make sure to include the exact amount in internal revenue stamps. Any fees paid in excess will be understood as consent to cancel stamps for any excess amount.										
DOCUMENT RECEIPT CERTIFICATION										
Stamps returned (Identification Number):										
 □ Delivered personally □ Delivered by postal service □ Delivered by email □ Sent to the Bureau of Translations of the Supreme Court, upon request of the requestor. 										
Name of Requestor					Signature of Req	Signature of Requestor			Date (month/day/year)	
Name of Authorized Officer					Signature of Authoriz	Signature of Authorized Officer			Date (month/day/year)	