RECORDS TESTIMONY REQUEST FORM

Date:

Person Requesting:

Official Title

Requestor ORI Number

Office Number:

Cell Number:

Fax Number:

E-mail

Organization Name and Address:

Subjects Name:

Requestor's Case Reference:

FBI #/UCN

Specific Request:

Expected Trial Date:

Trial Location: (City/State)

Attorney Contact Information(If different from above)
Office Address

Name:

Title:

Office Number:

Cell Number:

Fax Number:

E-mail

Attachments faxed to: (304) 625-8378 or e-mail to ck-Records-Testimony@ic.fbi.gov

Attachments sent via fax

Attachments sent via e-mail

Once form is complete - Click on "FILE" "SEND FILE" and send to ck-Records-Testimony