



**CHARLES J. BALLAY
DISTRICT ATTORNEY
PARISH OF PLAQUEMINES**

Public Records Request Form

Date: _____
Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
E-mail: _____

Description of records requested

Defendant Name: _____
Defendant's Date of Birth: _____
Docket Number: _____
PPSO Item Number: _____
Date of Offense: _____
Document: _____
Additional Info: _____

Transmittal of records requested by:

Mail Pick up Email Other:

Office hours are Mon-Thur 8-5 Fri 8-4. There is a **\$20.00 processing fee** for all requests. **Cost for paper copies is \$1.00 per page**, plus the cost of postage if mailed. Faxed copies are available at a cost of \$1.00 per page for records 10 pages or less. Once your request has been submitted, you will receive an invoice from our office for the cost of the copies and processing. Payment must be received in the form of a **money order** and should be made out to the **Plaquemines Parish District Attorney's Office**. Payment must be received before copies can be sent.

Please submit this form to:

Plaquemines Parish District Attorney's Office
Public Records
102 Avenue G
Belle Chasse, LA 70037
or by email to rosemarytemple@25thda.org