

Domestic Relations Section of Delaware County

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**Document Request Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Case: Caption: \_\_\_\_\_

PACSES Case Number: \_\_\_\_\_

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Document Requested: \_\_\_\_\_

Document Hearing Date / Filing Date: \_\_\_\_\_

Does the document need to be certified?      Yes / No

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