



Calcasieu Parish District Attorney's Office
Disposition Request Form

Requestor's Information		
Name		Date:
Organization/Company		
Mailing Address		
City	State	Zip
Telephone Number		
E-mail Address		

Disposition Request
Defendant
Date of Birth
Docket Numbers or charges
Estimated Offense date

I, hereby, certified that I am over the age of 18 years old, and I understand that the Calcasieu Parish District Attorney's Office may, at their discretion, request a photo ID to verify I am over the age of majority.

Signature	Date
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A signature is not required if the request is submitted electronically.

Please return by mail to:
Calcasieu Parish District Attorney's Office
Public Records Division
901 Lakeshore Drive, Suite 800
Lake Charles, Louisiana, 70601

E-mail to:
publicrecordsrequest@cpdao.org