



Republic of the Philippines
Office of the Ombudsman
Agham Road, Diliman, Quezon City

CONTACT US:

Records Division : Local 2223 & 2223
Trunkline : 479-7300
Website : www.ombudsman.gov.ph

NOT FOR SALE

REQUEST FOR COPY OF CASE DOCUMENTS

TO BE ACCOMPLISHED BY THE REQUESTING PARTY

Date: _____

Requesting Party: _____ Sex: Male Female

Please Check One: Complainant Respondent/ Accused Counsel (Copy of Entry of Appearance) OMB Official/ Investigator/ Prosecutor Others, please specify

OMB Case Number/ Reference Number: _____ Signature: _____

Case Title: _____

Documents Requested (Put a check for details of documents requested)

Documents	Number of Copies	Certified True Copy	Plain copy	Documents	Number of Copies	Certified True Copy	Plain copy
<input type="checkbox"/> Complaint Affidavit	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Resolution	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Exhibits/Annexes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Decision	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Counter-Affidavit	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Order	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reply	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Motion for Reconsideration	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Position Paper	_____	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Others, Specify	_____						

Purpose of Request

For filing in court (Please select below) For Reference Misplaced copy Others, please specify

RTC/MTC Court of Appeals
 Sandiganbayan Supreme Court

TO BE ACCOMPLISHED BY THE RECEIVING CLERK

Valid Identification Card presented by the REQUESTER			Valid Identification Card presented by the REPRESENTATIVE		
Type	ID Number	Issuing Agency/Company	Type	ID Number	Issuing Agency/Company

APPROVED/DISAPPROVED:

Chief, Central Records Division

Date

RELEASED BY:

RECEIVED BY:

Official Receipt No : _____
O.R. Date : _____
Amount Paid : ₱ _____
Date of Release : _____
Released by : _____
Signature over Printed Name

Signature over Printed Name of Requesting Party

Date