



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

**CONTACT US:**

Records Division : Local 2222 & 2223  
Trunkline : 479-7300  
Website : www.ombudsman.gov.ph

**NOT FOR SALE**

**REQUEST FOR COPY OF CASE DOCUMENTS**

**CONFORME:**

By signing below, I am agreeing to the Ombudsman Privacy Policy and giving my consent to the collection and processing of my personal data in accordance thereto.

\_\_\_\_\_  
Signature of Client Over Printed Name

**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	_____				_____	<input type="checkbox"/>	<input type="checkbox"/>

**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