

**ADMINISTRATIVE OFFICE OF THE COURTS
100 MILL CREEK PARK
RECORDS UNIT
FRANKFORT, KENTUCKY**

Non-Profit/Commercial/Others

Requesting a record on individuals requires a \$20.00 (check or money order)

Fees are paid to the Nursing Home Ombudsman Agency (NHOA).

PLEASE PRINT OR TYPE THE INDIVIDUAL'S INFORMATION CLEARLY.

Driver's License # _____

Social Security Number: _____

Name: _____

Maiden Name (S) And/Or Alias: _____

Date of Birth: _____

Street Address/P.O. Box _____

City, State, Zip Code: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in prosecution KRS 523-100.

I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

ALL INFORMATION BELOW IS REQUIRED.

Signature: _____

Date: _____