PUBLIC RECORDS REQUEST

All requests for public records must be made in writing upon the following form. Providing accurate contact information for the requesting party is especially critical. The completed form can be tendered to the custodian of public records via:

1. Hand delivery to 525 Marshall Street – 4th Floor, Shreveport, Louisiana,
2. Mail or commercial carrier to:
3. Caddo Parish District Attorney’s Office
4. Suzanne Williams, Public Records Custodian
5. 501 Texas Street, 5th Floor
6. Shreveport, LA 71101
7. Facsimile to Suzanne Williams, Public Records Custodian at (318) 629-4300, or
8. Email to publicrecordsrequest@caddoda.com.

When a request is sent by email, a return email indicating that the request has been received will be sent by office personnel during office hours. The return email will serve as proof of delivery of the request. For requests sent by hand delivery, mail or commercial carrier, and facsimile, office personnel will time-stamp the request when it is received. This procedure will be followed in all cases to insure compliance with statutory deadlines and uniformity of access.

After receipt of the request, the public records custodian will determine the existence and availability of the record and whether the record is public within the parameters of the Public Records Act. When copies of public records are requested, responses will be mailed or tendered in person to requesting parties within statutory deadlines after payment in full of costs for copies. When the requesting party only seeks to examine the record, access will be provided at the Marshall Street address listed above. Questions about public records requests may be directed to Suzanne Williams or Kelly Brown at (318) 429-7618.
Public Records Request Form

Requesting Party Information

Name ____________________________ At least 18 years old?* __________

Address________________________________________________________________________

City ____________________________ State ____________ Zip ____________

Phone: home ____________________ mobile ____________________ work ________________

Record Requested

For criminal files, please provide as much information as possible so that the correct record may be retrieved.

Defendant name_________________________ Docket # __________________

Victim name ___________________________ Arresting agency ____________

Charge(s)__________________________________________________________

Date of arrest ________________________ Date of conviction ________________

For other records, please describe as thoroughly as possible what record is requested.

Description ___________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Date(s) ______________________________________________________________________

*Public records requests are available to persons who are at least 18 years of age. LSA-R.S. 44:31; LSA-C.C. Art. 29.