

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET NAME: CITY: TELEPHONE NO.: EMAIL ADDRESS ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	<i>For Court Use Only</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF: DEFENDANT:		
SMALL CLAIMS/LANDLORD TENANT COPY REQUEST FORM		CASE NUMBER

INSTRUCTIONS: Please complete this form to obtain copies of court records. Please be sure to include the following information if possible: name of document & date filed. For confidential cases, you must provide the plaintiff's name, defendant's name and address of the premises, a copy of valid photo identification must be provided when receiving copies. Copy requests can be submitted either by mail, by fax or drop box. If submitting by mail or drop box, provide a self-addressed stamped envelope with sufficient postage to mail your requested documents back to you. If a self-addressed envelope is not provided, the court will provide the copies for pick up within 5 to 14 days from receipt of this request

(Check one)

- Copies-.50 per page (please specify): _____
- Certified Copies- \$40 plus .50 per page (please specify): _____
- Exemplification of Record- \$50 plus .50 per page (please specify): _____

Payment must be submitted at the time the copy request is made. Checks or Money Orders must be made payable to the Clerk of the Court for fees (if known) or indicate 'not to exceed' a specified dollar amount.

- I have an active fee waiver on file (fee waivers remain active before and 60 days post judgment)
- Government Agency exempt from fees
- I have attached a Check or Money Order