

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA

REQUESTING PARTY <i>(Name and Address)</i>	
TELEPHONE NO:	FAX NO. (Optional):
E-MAIL ADDRESS (Optional):	
HALL OF JUSTICE 600 Administration Drive, Santa Rosa, CA 95403: <input type="checkbox"/> CRIMINAL Room 105J <input type="checkbox"/> CIVIL Room 107J CIVIL AND FAMILY LAW COURTHOUSE 3055 Cleveland Avenue, Santa Rosa, CA 95403: <input type="checkbox"/> FAMILY LAW <input type="checkbox"/> PROBATE	CASE OR CITATION NUMBER: <i>(IF KNOWN)</i>
REQUEST FOR RECORDS SEARCH AND/OR COPIES	

INSTRUCTIONS: Please complete the information below to request a record search and/or copies of court records. You will be required to pay necessary fees in advance of the records being provided to you. Please note that some cases are confidential. You must be party to a case and have valid photo identification, or have a court order, to obtain copies of confidential cases. Please include a self-addressed, stamped envelope large enough to accommodate the requested documents.

PLEASE COMPLETE ALL KNOWN INFORMATION

I am requesting a Records search Copy work

Name(s) to be searched: _____

(First) (Middle) (Last)

(First) (Middle) (Last)

Date of birth: _____

Business name to be searched: _____

Case Type: Criminal Unlimited Civil Limited Civil Small Claims Family Law Probate

Date/Year case started: _____ Date/Year case ended: _____

I am looking for: The entire case The documents listed below

Document(s) Requested <i>(please be as specific as possible)</i>	Date Filed	Certify Y/N	Exemplify Y/N

In accordance with Government Code sections 70626, 70627, 70628, 70674 and rule 10.815 fees are required as follows:

Records Search Fee: \$15.00 per name searched	Exemplification Fee: \$50.00 per exemplification
Certification Fee: \$40.00 per document	Copy Fees: \$.50 per page
Certified Divorce Decree: \$15.00 per decree	Off-Site File/Record Retrieval: \$ 5.00

Checks are payable to the **"Superior Court"**. If the amount owed is unknown, indicate in the note/memo section of the check the amount the check cannot exceed (i.e. **"Not to exceed \$XX.XX"**). All checks must be preprinted with the maker's name and address.

To pay by credit card please complete the following:

I hereby authorize the Superior Court of Sonoma County to charge my credit card account. Credit card charges should not exceed \$ _____. (Minimum \$10 charge for credit card)

Cardholder Name: _____

Visa MasterCard Discover American Express

Cardholder Mailing Address: _____

Same as Mailing Address

Cardholder Billing Address: _____

Card Number: _____ Expiration Date: _____

CVV Code: _____

Date: _____ Cardholder's Signature: _____

FOR COURT USE ONLY

Processed By: _____

Records Search Fee:	\$ 15.00	x _____	= \$ _____	Total
Copy Fee:	\$.50	x _____	= \$ _____	Total
Certification Fee:	\$ 40.00	x _____	= \$ _____	Total
Certified Divorce Decree:	\$ 15.00	x _____	= \$ _____	Total
Exemplification Fee:	\$ 50.00	x _____	= \$ _____	Total
Off-Site File/Document Retrieval Fee:	\$ 5.00	x _____	= \$ _____	Total
			\$ _____	Total Fees Due
			\$ _____	Total Fees Paid

Receipt Number: _____

- Check/Money Order
- Credit Card
- Fee Waiver (filed and approved)