## SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA

REQUESTING PARTY (Name a	nd Address)					
TELEPH	IONE NO:	FAX NO. (Optional):				
E-MAIL ADDRESS (	(Optional):					
HALL OF JUSTICE 600 Administ CRIMINAL Records CIVIL Records TRAFFIC Records (Rm	ration Drive, Room 110J, Santa Rosa, n. 109J)	CA 95403: CASE OR CITATION NUMBER (IF KNOWN)				
FAMILY LAW Records CIVIL AND FAMILY LAW COUR PROBATE	THOUSE 3055 Cleveland Avenue, Sa	nta Rosa, CA 95403:				
	REQUEST FOR RECOR	DS SEARCH AND/OI				
necessary fees in <u>advance</u> of the have valid photo identification, or large enough to accommodate th	PLEASE COMPLETE	ase note that some cases	are confidential. You ease include a self-ad	must be party	to a case and	
am requesting a Name(s) to be searched:		ору work				
	(First)	(Middle)		(Last)		
	(First)	(Middle)		(Last)		
Date of birth:						
Business name to be searc	ched:					
Case Type: Criminal	Unlimited Civil Limited Civil	☐ Small Claims ☐	Family Law P	robate	Traffic	
I am looking for:	The entire case	The documents list	sted below			
Document(s) Requested (p		Date Filed	Certify Y/N	Exemplify Y/N		
n accordance with Governme Records Search Fee: Certification Fee: Certified Divorce Decree:	ent Code sections 70626, 7062 \$15.00 per name searched \$40.00 per document \$15.00 per decree	27, 70628, 70674 and Exemplification F Copy Fees: Off-Site File/Reco	ee: \${ \$	•	cemplification	

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	Dise	cover A	Amer	ican Express				
Cardholder Mailing Address:									
Cardholder Billing Address:	Same as Mailing Address								
Card Number: CVV Code:					Expiration Date:				
Date:		_ Cardho	older's Signature:						
		F	OR COURT USE OI	VLY					
Processed By:		<u> </u>							
Records Search Fee: Copy Fee: Certification Fee: Certified Divorce Decr Exemplification Fee: Off-Site File/Documen	\$	.50 40.00 15.00 50.00	x x x x x		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Total Total Total Total Total Total Total Fees Due Total Fees Paid			
Receipt Number:									
Check/Money Ord Credit Card Fee Waiver (filed a									