# SUPERIOR COURT OF CALIFORNIA,
# COUNTY OF SONOMA

## TRANSCRIPT REQUEST FORM
## (Court Ordered & Confidential)

**INSTRUCTIONS:** The requesting party is responsible for all the information needed below. This form must be completely filled out prior to submission for the Judge's signature.

(1) Complete a separate form for each court reporter if there are multiple reporters.
(2) Fill out all necessary case information, name, case number, date(s) requested, etc.
(3) Check the appropriate "Funded by" and "Copies to" boxes, if applicable.
(4) When completed, scan and email to appropriate court reporter (most reporters emails are on the Court's website).

CASE NAME: _____ CASE NO. _____

DEPARTMENT NO.: _____ CSR'S NAME _____

DATE(S) REQUESTED _____

REQUESTED BY_____
(Name) (Title)

REASON FOR REQUEST_____

_____

**SPECIFIC NATURE OF PROCEEDINGS REQUESTED** [i.e., PX, Motion, Plea, Sentencing, Trial Testimony, etc.]

_____

DATE TRANSCRIPT NEEDED BY_____

Dated: _____

**Approved by:**

_____
Judge of the Superior Court

**Auditor's Use**

**Funded By:**
- ☐ **Court**
- ☐ **District Attorney**
- ☐ **Public Defender**
- ☐ **Defense Counsel**
- ☐ **Other: _____**

**Copies to:**
- ☐ **Court**
- ☐ **District Attorney**
- ☐ **Defense Counsel**
- ☐ **Conflicts Counsel**
- ☐ **Other: _____**

Adopted for Mandatory Use
Eff. 09/05/25
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