

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NUMBER: EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY Receive Stamp Only</i>
SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
CIVIL 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. The cost of each copy is \$.50 per printed side in addition to mailing costs, certification fees and research fees, if applicable. For confidential cases, you must be a party to the case and a copy of valid photo identification must be provided with this request. 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 include postage fees with your form of payment when processing your request.

(Check one)

- Copies (please specify: _____)
- Certified Copies (please specify): _____
- Civil Case Search - Name(s) to be searched:

_____	_____	_____
(First)	(Middle)	(Last)
_____	_____	_____
(First)	(Middle)	(Last)

Payment must be submitted at the time the copy request is made. Checks must be made payable to the Clerk of the Court for the amount of fees (if known) or indicate 'not to exceed' a specified dollar amount. If paying by credit card, please complete the information below:

- I have an active fee waiver on file (**Note: Postage and mailing fees are not covered)
- Government Agency exempt from fees
- Credit card payment:** I authorize the above fees and any amount imposed by the card issuer or draft purchaser to be charged to the following account:

VISA MASTERCARD DISCOVER

Account No: _____ Expiration date: ____/____/____ Billing Zip Code: _____

Billing Address: _____

Date: _____

(TYPE OR PRINT NAME OF CARDHOLDER)

(SIGNATURE OF CARDHOLDER)