

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>
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<b>PLAINTIFF</b> ( <i>Mandatory for landlord tenant cases</i> ):  <b>DEFENDANT</b> ( <i>Mandatory for landlord tenant cases</i> ):  <b>ADDRESS OF THE PREMISIS</b> ( <i>Mandatory for landlord tenant cases</i> ):	
<b>SMALL CLAIMS/LANDLORD TENANT COPY REQUEST FORM</b>	

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 must be made payable to the Clerk of the Court for 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 (fee waivers remain active before and 60 days post judgment)
- 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: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF CARDHOLDER)

\_\_\_\_\_  
(SIGNATURE OF CARDHOLDER)