

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: _____ STATE BAR NO: _____ FIRM NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS (OPTIONAL): _____ TELEPHONE NO: _____ ATTORNEY FOR (NAME): _____ FAX NO. (OPTIONAL): _____	FOR COURT USE ONLY RECEIVED DATE: _____ CLERK OF THE COURT _____, DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY <input type="radio"/> Salinas Division — 240 Church Street, Salinas, California 93901 <input type="radio"/> Monterey Division — 1200 Aguajito Road, Monterey, California 939940	
PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____	
REQUEST FOR ELECTRONIC RECORDING	
CASE NUMBER: _____	

Please complete the information below to request copies of an electronic recording of a court proceeding. You will be required to pay the fee assessed in advance of the recordings being provided to you. All requests by mail must include a self-addressed stamped envelope.

Please allow 7 to 10 days to process your request. Audio recordings are available for civil limited, small claims, traffic and misdemeanor hearings only. A transcript will not be prepared by the Court.

Date(s) of court proceedings: _____

Recording number(s), if known: _____

Judicial Officer's name: _____ Courtroom number: _____

Fee: \$ 20.00 per compact disc (CD)

Make payment payable to: Monterey County Superior Court. Mail the form to Attention: Records. You may also appear in person between the hours of 8:00 a.m. and 3:30 p.m.

The Court accepts cash, checks, and money orders. If you are unable to determine the amount due, you may submit payment payable to the Monterey County Superior Court with an amount stating "Not to exceed \$75.00 Dollars;" this is an estimated amount for the fees due. This payment will allow the Clerk to process your request and to apply the monies to the cost of the research and any other records-related fees. The Clerk will write-in the actual amount due on the check, not exceeding the authorized amount of \$75.00. If there is an overpayment a refund will be issued within 30 days after the check has posted. **PLEASE DO NOT MAIL CASH.** The Court does not accept debit or credit cards.

FOR COURT USE ONLY	
Receipt Number: _____	
Quantity ordered: _____ x \$20.00 per compact disc =	\$ _____ Total Fee Due
	\$ _____ Total Fee Paid