ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.(Optional):	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	
	CASE NUMBER
REQUEST AND ORDER FOR TRANSCRIPT	CASE NUMBER
Court Reporter(s):	_ Dept. #:
Type of Proceeding: Date(s) of Proc	seeding:
Transcript Requested by:	AGENCY
the Superior Court.	AGLINGI
(JUVENILE COURT ONLY): Requesting party's relationship to the case is:	
Descen for Derivert	(Attorney, Parents, etc.)
Reason for Request:	
Future court appearance, if any (list date):	
Special Instructions:	
Date:	
	Signature of Requesting Party
Payment (a box must be checked): Payment shall be made by the requesting party/agency. Payment shall be made by the Superior Court.	
IT IS SO ORDERED.	
Data	
Date:	udge/Commissioner of the Superior Court
••••	

- Instructions:
- The requesting party is responsible for completing this form. For all Juvenile Court transcripts, and for requests that the court pay the cost of a transcript, the requesting party must submit the form to the judge for signature.
- This form is required for the production of transcripts where the cost is a proper charge against the court, <u>except</u> for appeals and Grand Jury transcripts.
- A copy of this form must accompany the court reporter's claim for payment for production of the above-listed transcript.

DISTRIBUTION: ORIGINAL - CASE FILE; GREEN - CLAIMS PROCESSOR; CANARY - SUPERVISING REPORTER; PINK - REPORTER; GOLDENROD - REQUESTING PARTY.