

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar Number and Address</i> )		<i>For Court Use Only</i>
TELEPHONE NO.:	FAX NO. ( <i>Optional</i> ):	
E-MAIL ADDRESS ( <i>Optional</i> ):		
ATTORNEY FOR ( <i>Name</i> ):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO</b>		
<input type="checkbox"/> UKIAH Courthouse 100 North State Street Ukiah, CA 95482	<input type="checkbox"/> TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA	
CASE NAME:		CASE NUMBER:
<b>REQUEST FOR COURT REPORTER</b>		

Date of Hearing: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

Pursuant to local rule 1.16(a) and California Rules of Court rule 2.956(b)(3), an Official Court Reporter is hereby requested for the above-referenced proceeding.

Pursuant to local rule 1.16(b), I understand that it will be my responsibility to provide and to pay for the services of a private court reporter at this proceeding if the services of an official court reporter are not available. In the event a court reporter is not available, pursuant to local rule 1.16(b), I further understand that I may request a continuance of the hearing or waive the request for court reporter.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature

Original – case file

Copy – Requesting party

Copy – Interpreter Coordinator