

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

Date of Hearing:	
Time of Hearing:	
Location of Hearing:	
Party Requesting:	

Pursuant to local rule 1.24(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 1.24(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 1.24(b), I further understand that I may request a continuance of the hearing or waive the request for court reporter.

Dated

Signature