

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		
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 95437	
CASE NAME:		CASE NUMBER:
REQUEST FOR COURT REPORTER		

Date of Hearing:

Time of Hearing:

Estimated time Length of Hearing: One hour or less One hour or more

Location of Hearing:

Party Requesting:

Pursuant to local rule 1.23(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 1.23(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 1.23(b), I further understand that I may request a continuance of the hearing or waive the request for court reporter.

I have an active fee waiver order (Judicial Council form FW-003) granted on _____
(Please attach a copy of the approved order).

Dated

Signature of Party or Attorney for Party